Washington State Health Care Authority

Medicaid

Medicaid Dental Provider Billing Workshop

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August 2015

Washington Apple Health

Who is Provider Relations and what do we do?

Provide outreach and training for Washington Apple Health (Medicaid) providers

Specialize in the use of the ProviderOne portal

Assist with program and policy questions

Medicaid Overview

Accessing ProviderOne

Topics

Eligibility & Billing Processes

Resources

Medicaid Overview

Medicaid Overview

Medicaid is no longer managed by DSHS

Medicaid is managed by the Health Care Authority

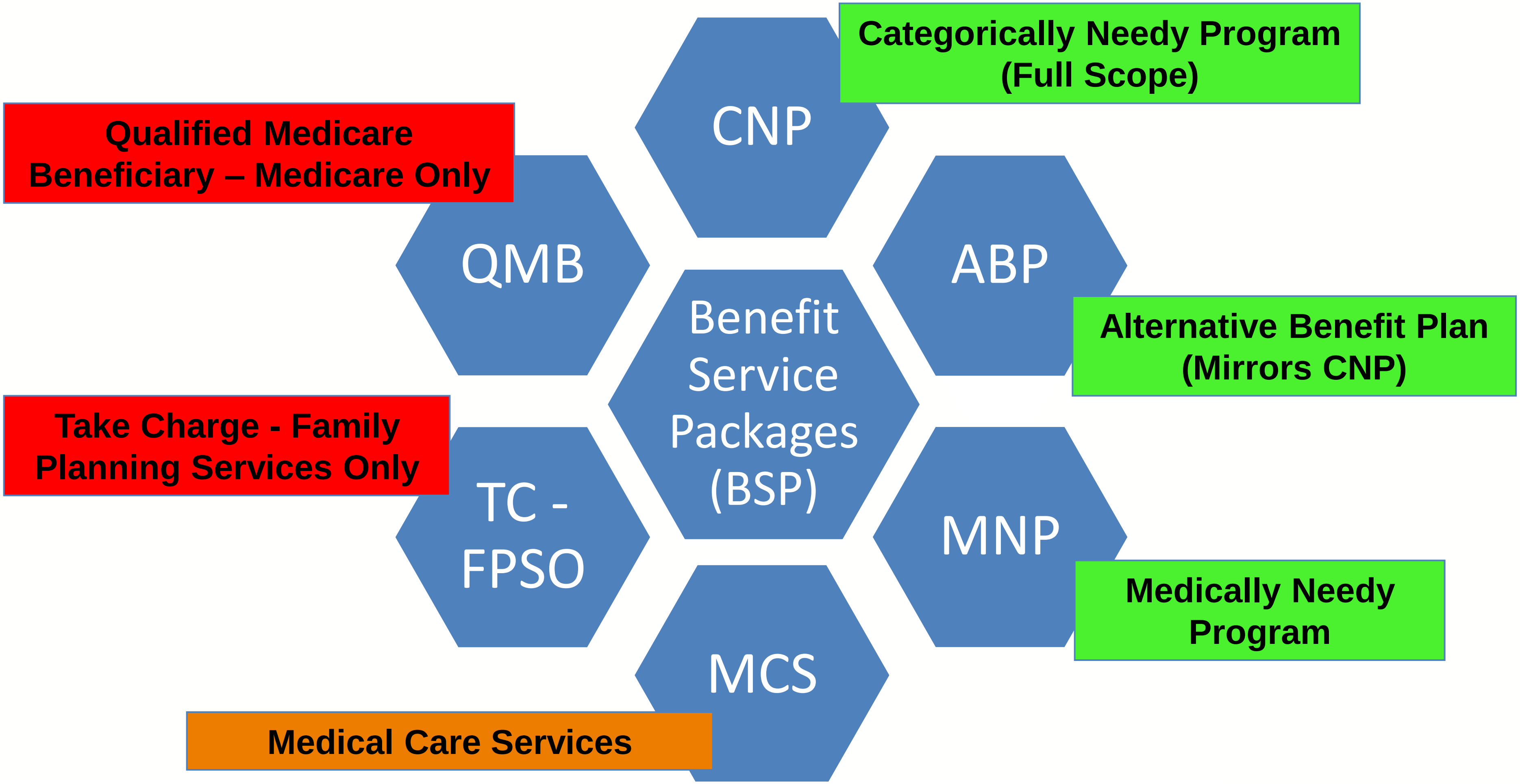
"Apple Health" is the new name for Medicaid

Medicaid Overview

How Medicaid purchases care	
Fee for Service program	Managed Care

HCA's goal is to have the majority of Medicaid clients on Managed Care. "Migration" to the plans started July 2012.

Eligibility Programs



For complete listing of BSP, visit:
http://www.hca.wa.gov/medicaid/provider/Documents/provideroneguide/appendix_e.pdf

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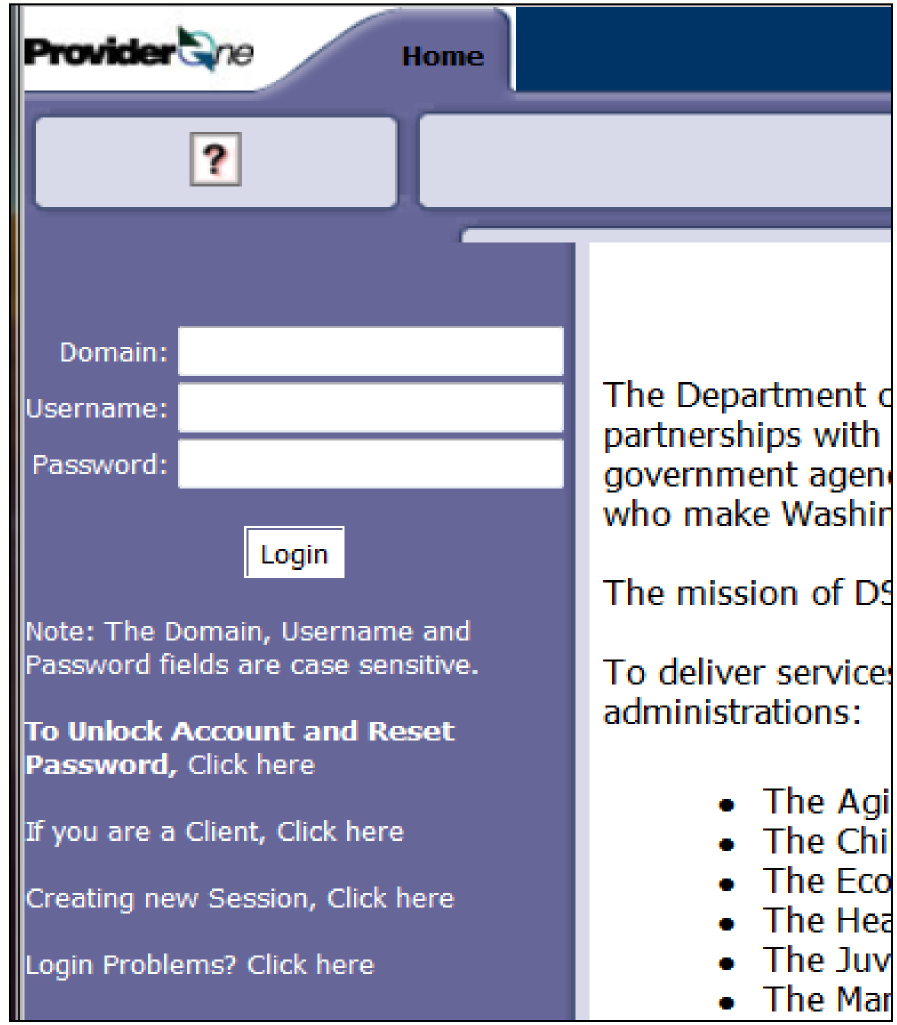
Accessing ProviderOne

Accessing ProviderOne

- Before logging into ProviderOne:
  - ✓ Make sure you are using Microsoft Internet Explorer version 6.0 and above
  - ✓ Turn **OFF** the Pop Up Blocker
  - ✓ Make sure you are using a PC (MACs are not supported by ProviderOne)

Accessing ProviderOne

- ✓ Use web address https://www.waproviderone.org
- ✓ Ensure that your system **"Pop Up Blocker"** is turned **"OFF"**
- ✓ Login using assigned Domain, Username, and Password
- ✓ Click on the **"Login"** button



ProviderOne Users

HCA establishes System Administrators for your domain/NPI

- A System Administrator can assign profiles to other users as necessary
- Staff can be assigned one or more security profiles to meet their job duties and provide them the level of access necessary in the system.

ProviderOne Security web page link:
http://www.hca.wa.gov/medicaid/providerone/pages/phase1/security.aspx

How to Get Access in ProviderOne

- Review the ProviderOne Security Manual at http://www.hca.wa.gov/medicaid/providerone/pages/phase1/security.aspx

- New provider and don't have the form? Email ProviderOne Security at: provideronesecurity@hca.wa.gov (in the subject line enter "Request for ProviderOne User Access Request form")

How to Get Access in ProviderOne

- The ProviderOne User Access Request form is for a newly enrolled Facility, Clinic, Individual Provider, or a new Office Administrator.
- Complete the form and fax to: 360-507-9019.
- If changing System Administrators, a letter on office correspondence must also be completed and faxed with the form.

State of Washington

ProviderOne User Access Request

IMMEDIATE ACTION REQUIRED

ProviderOne Id:

In order to gain access to ProviderOne, you must complete and return this form. This form will be used to establish the System Administrator for your assigned Domain (ProviderOne ID) in the ProviderOne system.

The System Administrator is responsible for maintaining access to ProviderOne for your staff; which includes setting up accounts for additional users, assigning profiles to user accounts, and resetting user passwords.

Once you have completed and returned this form, we will send a username and a temporary password in two separate emails to the email address you provide.

ProviderOne System Administrator Information	
Name of System Administrator (First, Middle Initial, Last)	Physical Address Street: City: , State: Zip:
System Administrator's Date of Birth mm/dd/yyyy	Business Name
System Administrator's Individual Email Address (generic email addresses will not be accepted)	National Provider Identifier (NPI if applicable)
System Administrator's Phone Number	Federal Tax ID (FEIN/SSN)

Each domain user must have his/her own account:

With the system administrator login information, we will send instructions on how to create additional user accounts for your Domain and how to add profiles to the accounts.

*To better understand the different types of user profiles, look for the **Provider Information** link on our site: http://www.hca.wa.gov/Medicaid/provider/Pages/index.aspx*

To review or update provider information:

You may edit information in your provider file at any time by using the EXT Provider Maintenance or EXT Super User profile. Once you receive your login information, please verify the accuracy of all the data in your provider file.

- Address Information
- Payment Detail; and
- Electronic Data Interchange Information if you plan on submitting HIPAA batch files

If updates are made in the Provider File Business Process Wizard, please make sure you go to the last step and *submit* your modification request for review and approval. Include a copy of the bar code coversheet on any documentation you send. http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.html

Return this completed form by email: provideronesecurity@hca.wa.gov, or
Fax to: (360) 507-9019 or
Mail to: HCA IT Security, PO Box 45512, Olympia, WA 98504-5512

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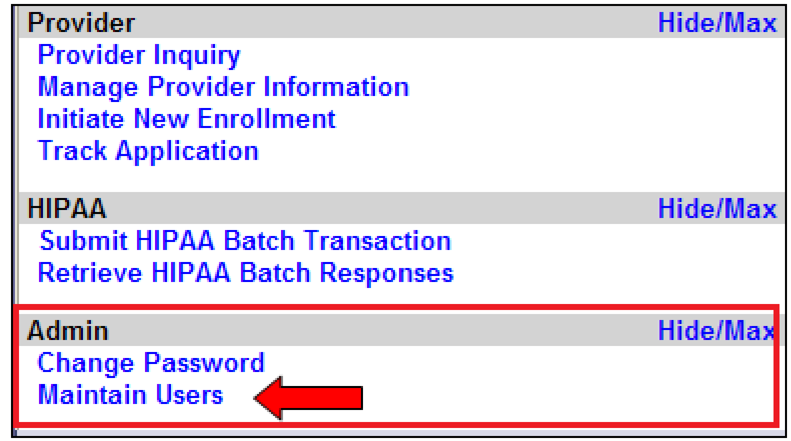
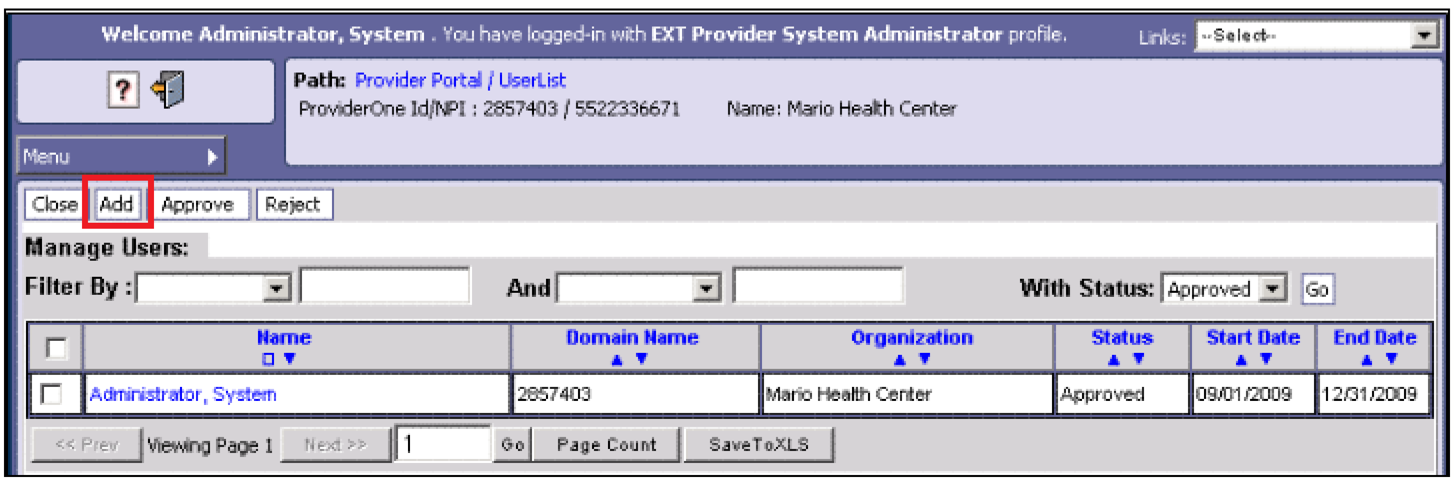
How to Set Up a User

- Log in with the **System Administrator** Profile
- Click on **Maintain Users**
- The system now displays the User List screen
- Click on the **Add** button





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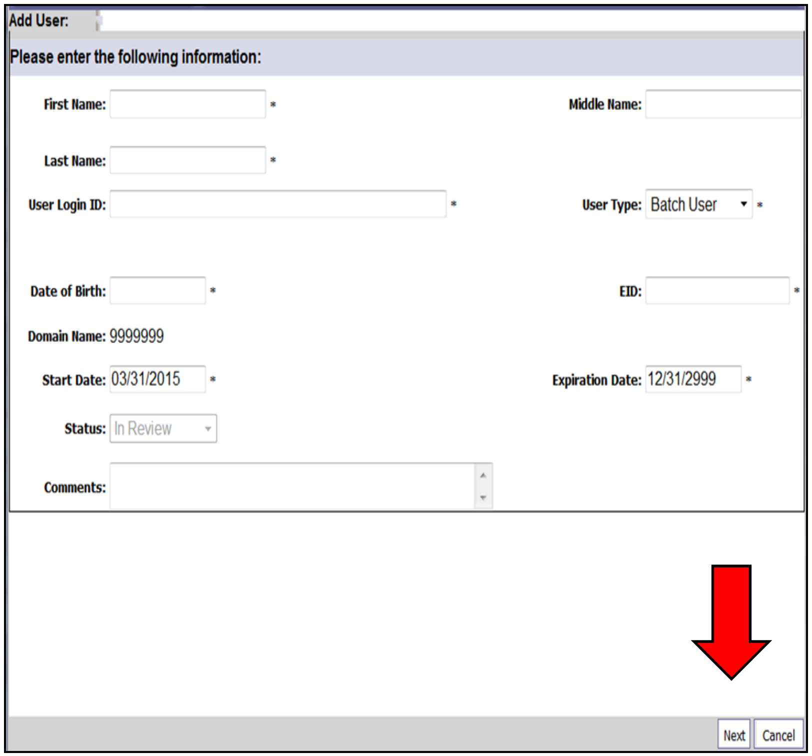
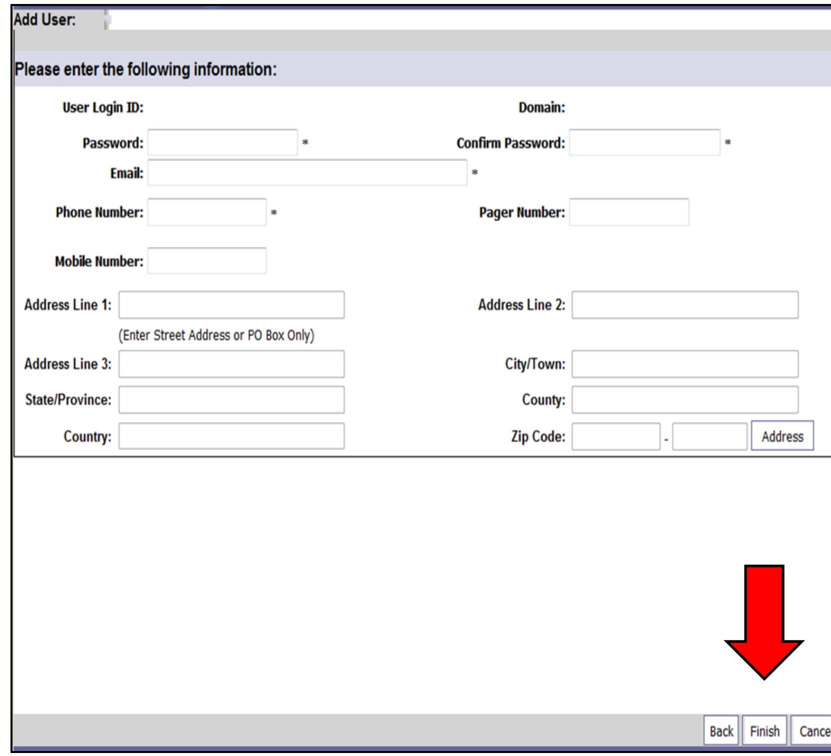
How to Set Up a User

- Adding a user

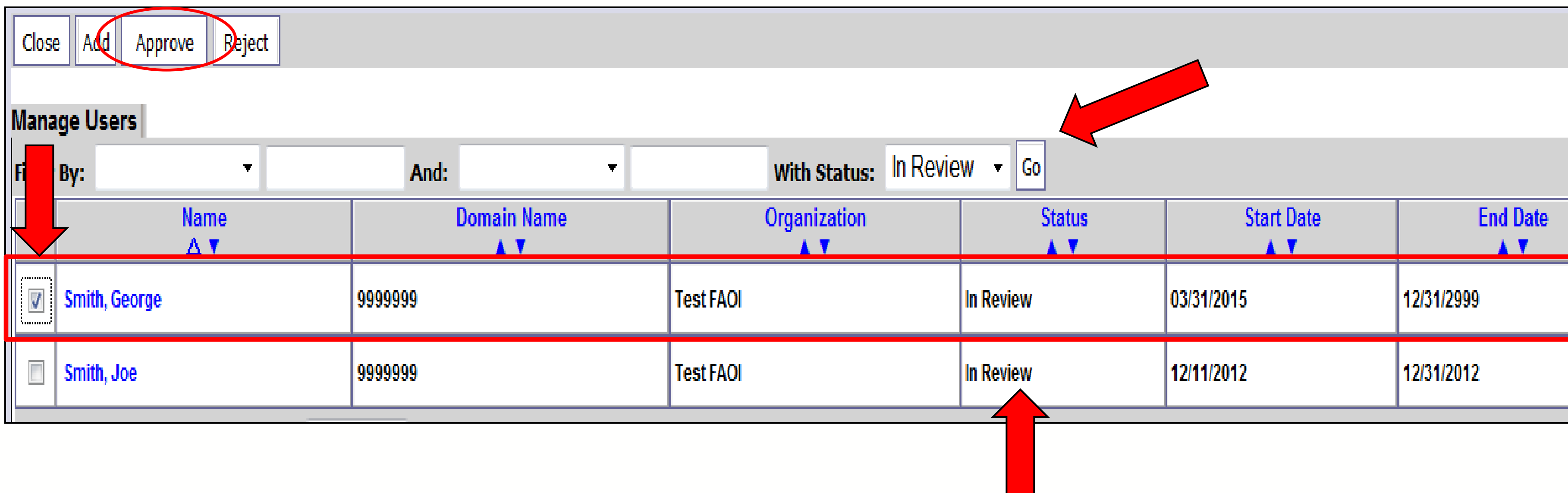




- Fill in all required boxes that have an asterisk *
- The address is not needed here

How to Set Up a User

- To display the new user
  - ✓ In the **With Status** dropdown, select **In Review** and click **Go**
  - ✓ The user's name is displayed with In Review status.
  - ✓ Click the box next to the user's name, then click the **Approve** button.



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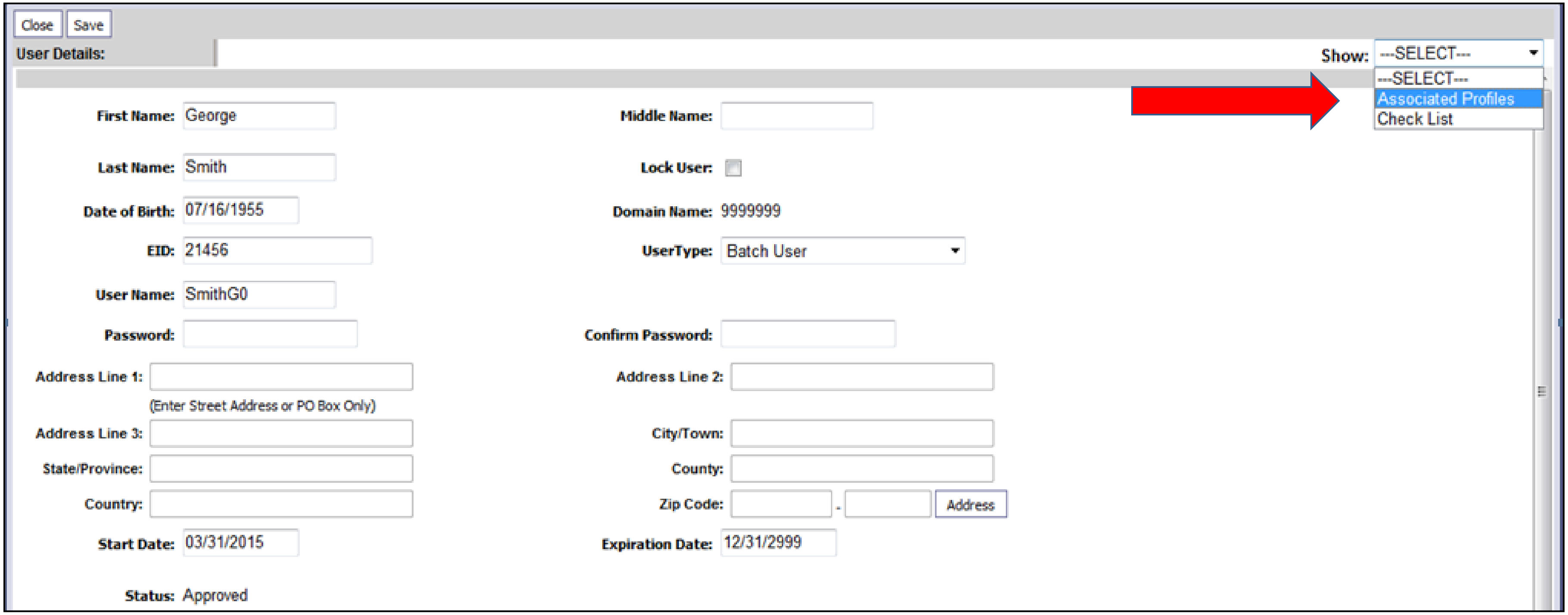
How to Set Up a User

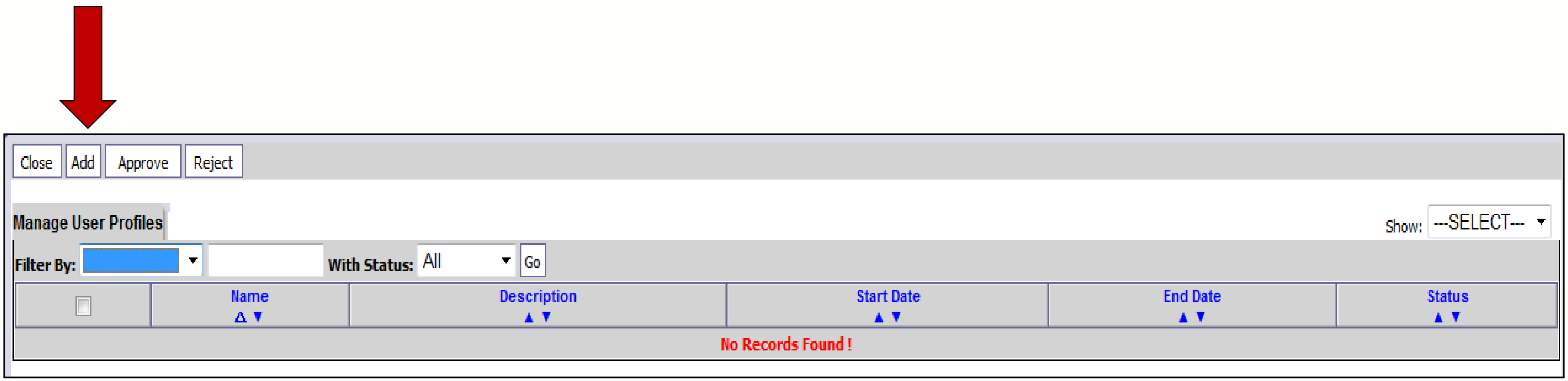
- Adding Profiles
  - ✓ Click on the user's name to access User Details.



  - ✓ On the Show menu click on **Associated Profiles**.

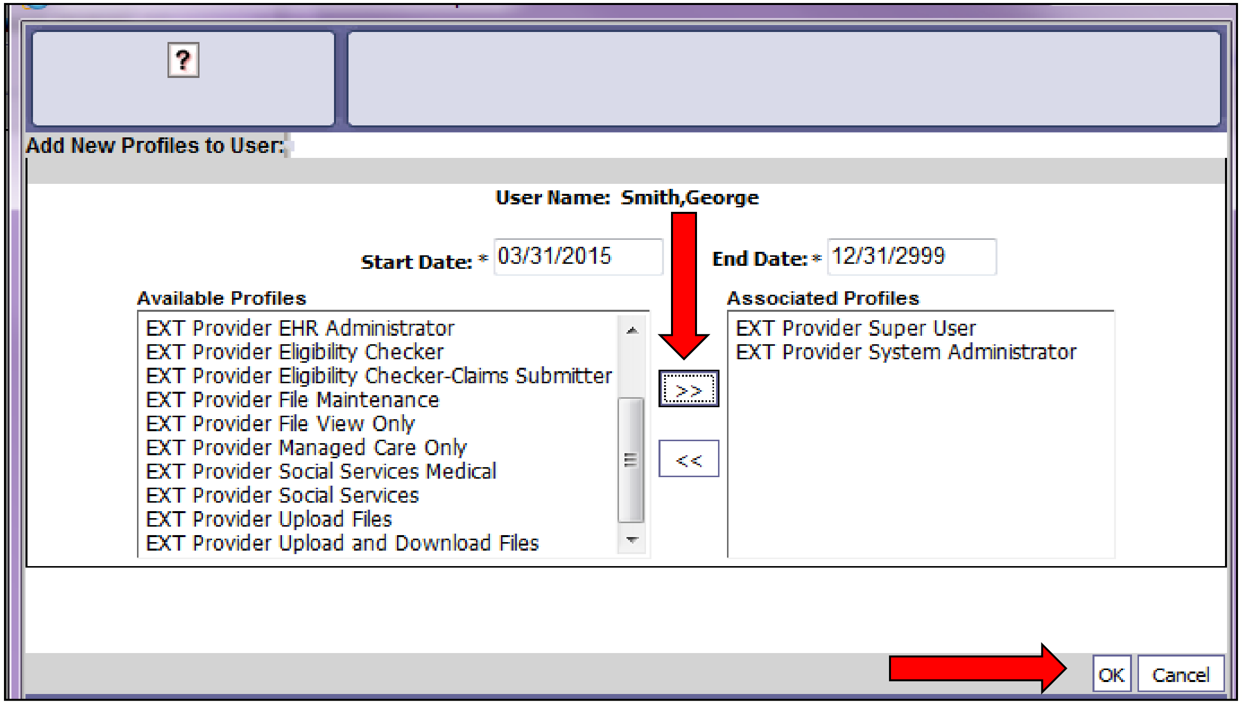
How to Set Up a User

- Adding Profiles
  - ✓ Click on the **Add** button to select profiles



How to Set Up a User

➢ Adding Profiles



- ✓ Highlight Available Profiles desired
- ✓ Click **double arrow button** and move to Associated Profiles box then click the **OK** button.

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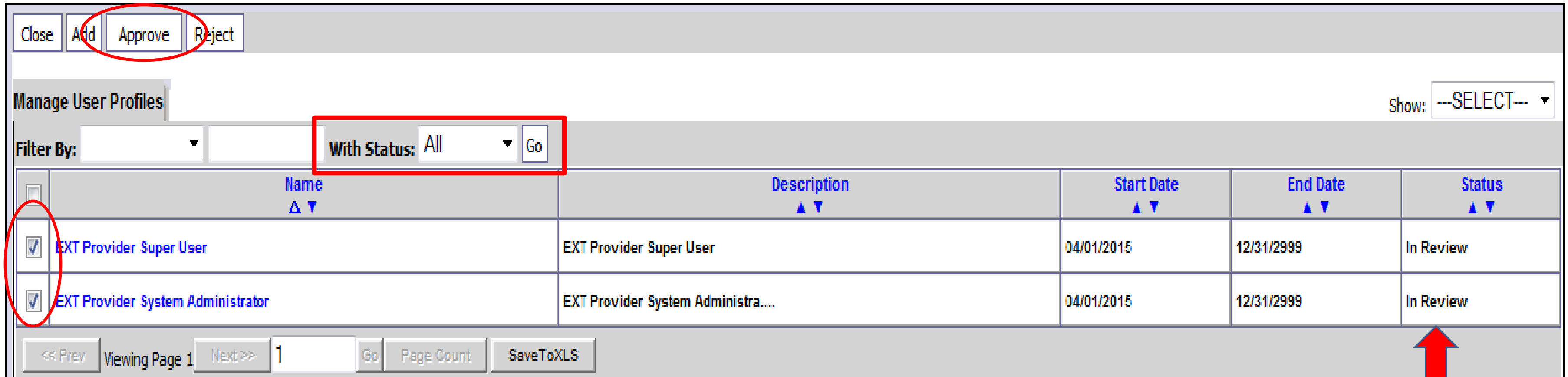
How to Set Up a User

- Adding Profiles



- To Display the new profiles
  - ✓ The **With Status** dropdown box should state **All**. Click **Go**.
  - ✓ The profiles are displayed with **In Review** status.
  - ✓ Click the box next to the profile name, then click the **Approve** button. Profiles will then be approved.

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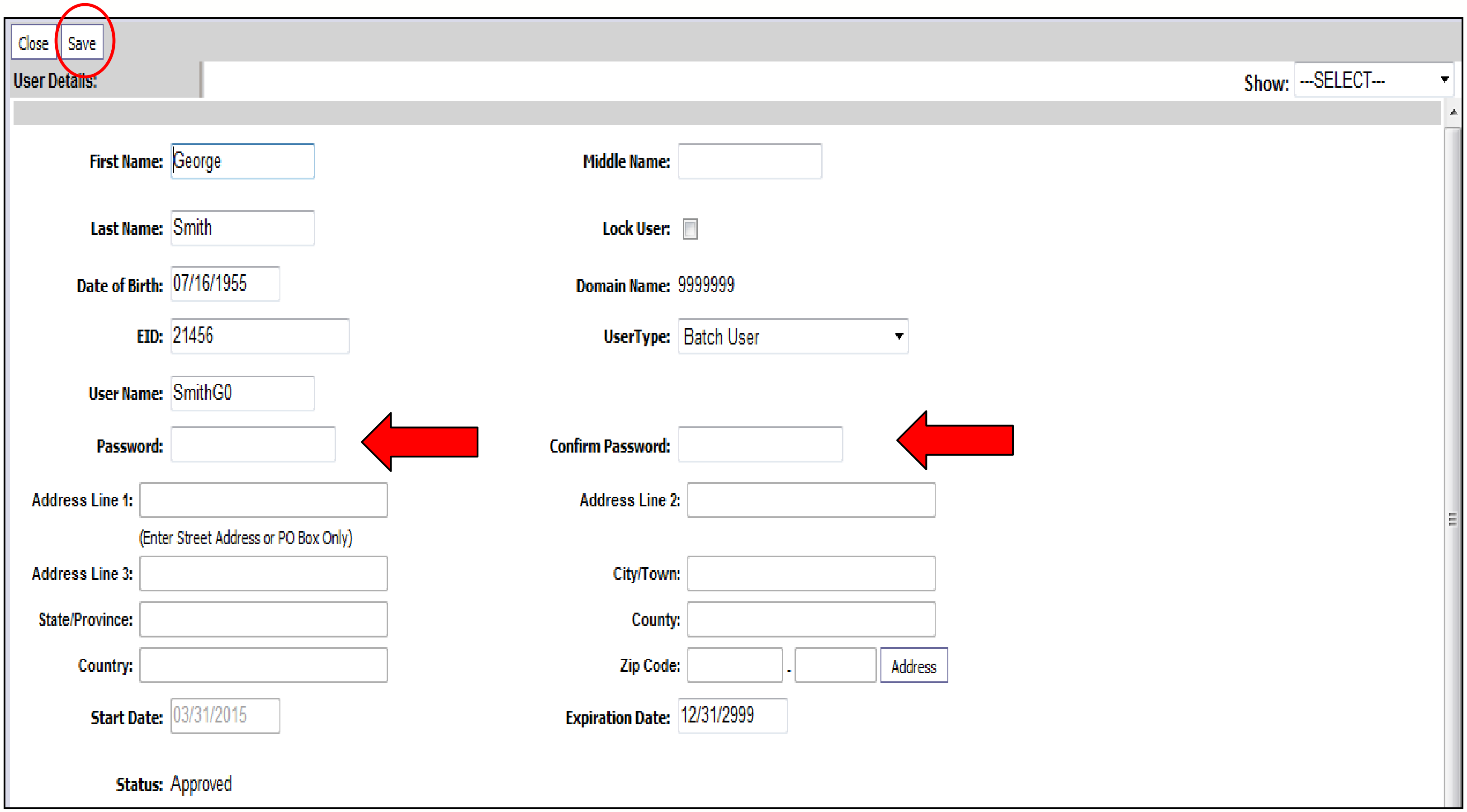
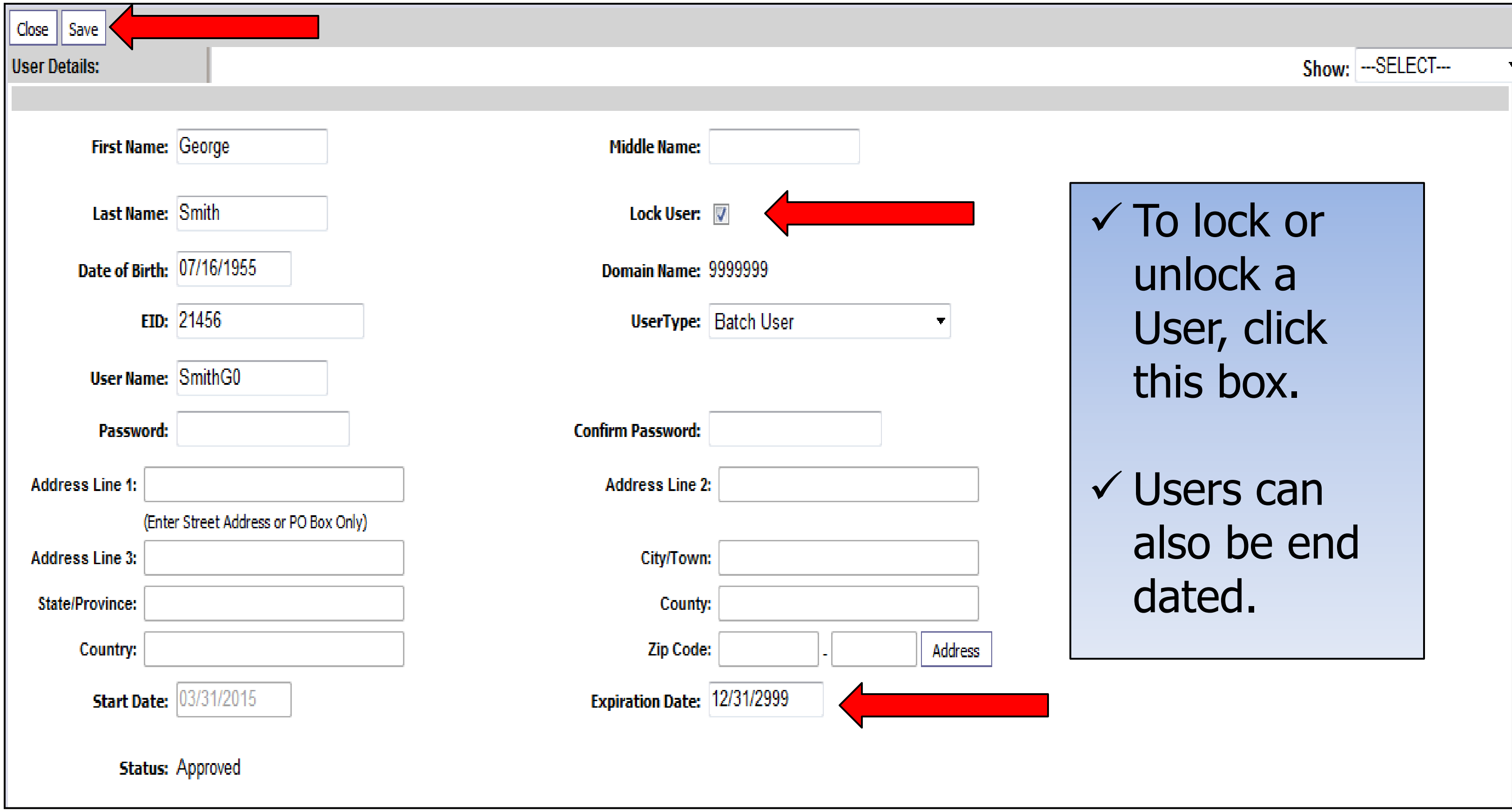
How to Set Up a User

- Setting up a user's password
  - ✓ Enter the new temporary password and click **Save**



How to Manage a User

- How to lock or end date a user



- ✓ To lock or unlock a User, click this box.
- ✓ Users can also be end dated.

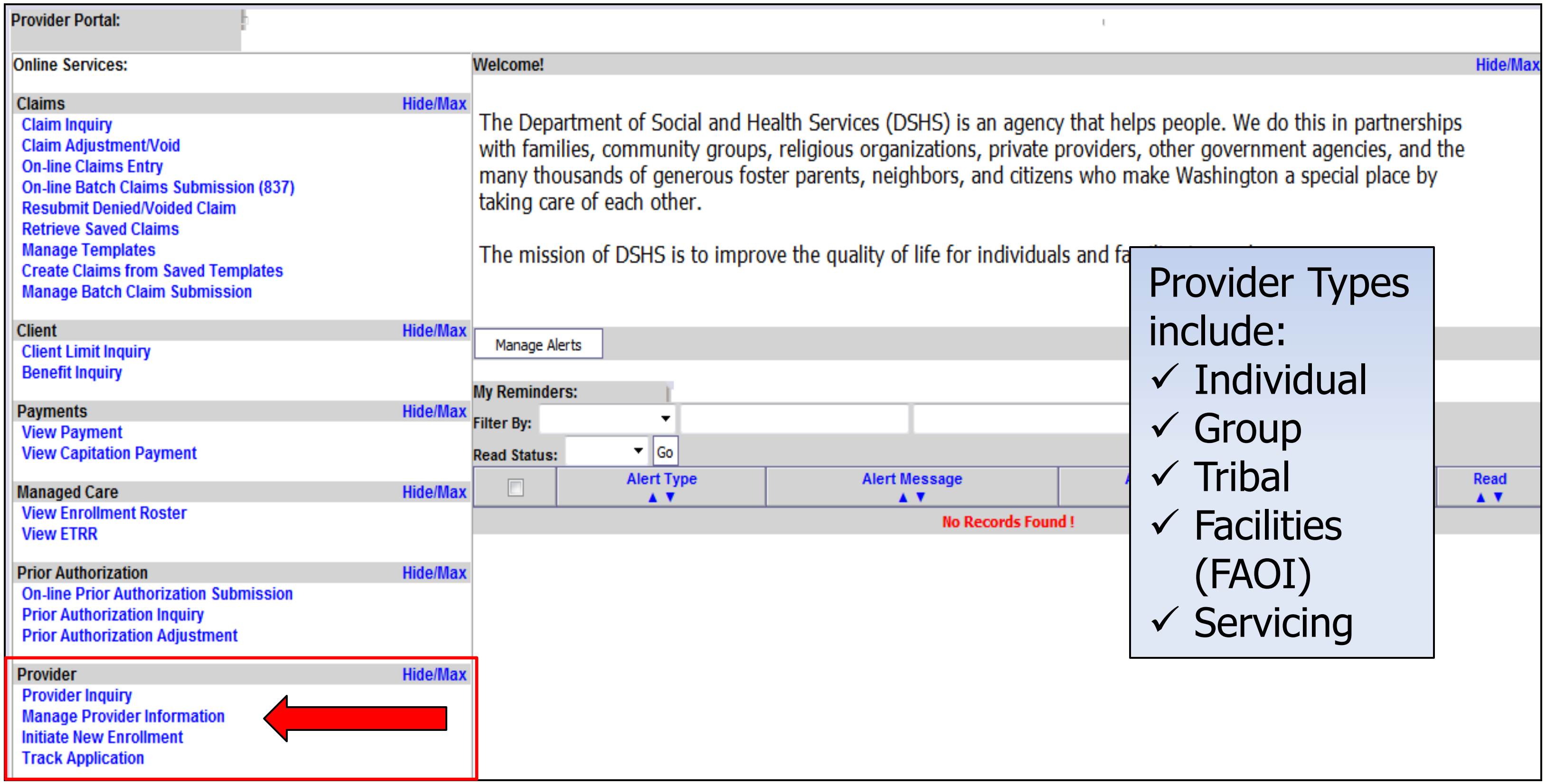
- Click **Save**

Provider File Maintenance

Provider File Maintenance

➢ Modifying Provider File Information

- ✓ Log into ProviderOne with the **Provider File Maintenance** or **Super User** profile.
- ✓ Click on the **Manage Provider Information** hyperlink



Provider Types include:

- ✓ Individual
- ✓ Group
- ✓ Tribal
- ✓ Facilities (FAOI)
- ✓ Servicing

- ✓ Go to web page http://www.hca.wa.gov/medicaid/provider/pages/provideronemanuals.aspx for the different provider file update modification manuals.

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Provider File Maintenance

- Modifying Provider File Information
  - ✓ The **Business Process Wizard** contains the steps for modification. Click on the step title to modify.

View/Update Provider Data - Facility/Agency/Organization/Institution:

Business Process Wizard - Provider Data Modification (Facility/Agency/Organization/Institution). In order to finalize submission of your requeste

	Step	Required	Last Modification Date	Last Review Date	Status
☐	Step 1: Basic Information	Required	12/17/2009	12/17/2009	Complete
☐	Step 2: Locations	Required	12/17/2009	12/17/2009	Complete
☐	Step 3: Specializations	Required	12/17/2009	12/17/2009	Complete
☐	Step 4: Ownership & Managing/Controlling Interest details	Required	12/17/2009	12/17/2009	Complete
☐	Step 5: Licenses and Certifications	Required	12/17/2009	12/17/2009	Complete
☐	Step 6: Training and Education	Optional	12/17/2009	12/17/2009	Complete
☐	Step 7: Identifiers	Optional	12/17/2009	12/17/2009	Complete
☐	Step 8: Contract Details	Optional	12/17/2009	12/17/2009	Complete
☐	Step 9: Federal Tax Details	Required	05/19/2013	05/19/2013	Complete
☐	Step 10: EDI Submission Method	Optional	12/17/2009	12/17/2009	Complete
☐	Step 11: EDI Billing Software Details	Required	12/17/2009	12/17/2009	Complete
☐	Step 12: EDI Submitter Details	Optional	12/17/2009	12/17/2009	Complete
☐	Step 13: EDI Contact Information	Required	02/04/2011	02/04/2011	Complete
☐	Step 14: Servicing Provider Information	Optional	08/01/2013	08/01/2013	Complete
☐	Step 15: Payment and Remittance Details	Required	12/17/2009	12/17/2009	Complete
☐	Step 16: Submit Modification for Review	Required	12/17/2009	12/17/2009	Complete

Provider File Maintenance

➢ Step 3: Specializations (Taxonomy Codes)

Close Add Update

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.

Specialty/Subspecialty List:

Filter By : And

Operational Status: Active Go

	Provider Type	Specialty/Subspecialty	Administration	Start Date	End Date	Operational Status	Status
☐	12-Dental Providers	23-Dentist/00000-Dentist	HRSA	02/23/2009	12/31/2999	Active	Approved
☐	12-Dental Providers	23-Dentist/G0001-General Practice	HRSA	02/23/2009	12/31/2999	Active	Approved
☐	12-Dental Providers	23-Dentist/X0400-Orthodontics and Dentofacial Orthopedics	HRSA	02/23/2009	12/31/2999	Active	Approved

- ✓ The first specialization taxonomy code is 12-23-00000 then add a "**X**" to all or 122300000X for a dentist.
- ✓ Be aware of the taxonomy code start date (should be the same as provider start date).
- ✓ Additional taxonomy codes may be added (based on the provider credentialing).

Provider File Maintenance

- Step 10: EDI Submission Method - How are you going to bill?

EDI Submission Details:

You may check multiple Modes of Submission. NPI is required for all selections.

If Web Batch and/or FTP Secured Batch are selected, you must complete and mail a new ProviderOne Trading Partner Agreement.

Mode of Submission: ☐ Billing Agent/Clearinghouse ☐ FTP Secured Batch ☐ Web Batch ☐ Web Interactive

Status: Approved

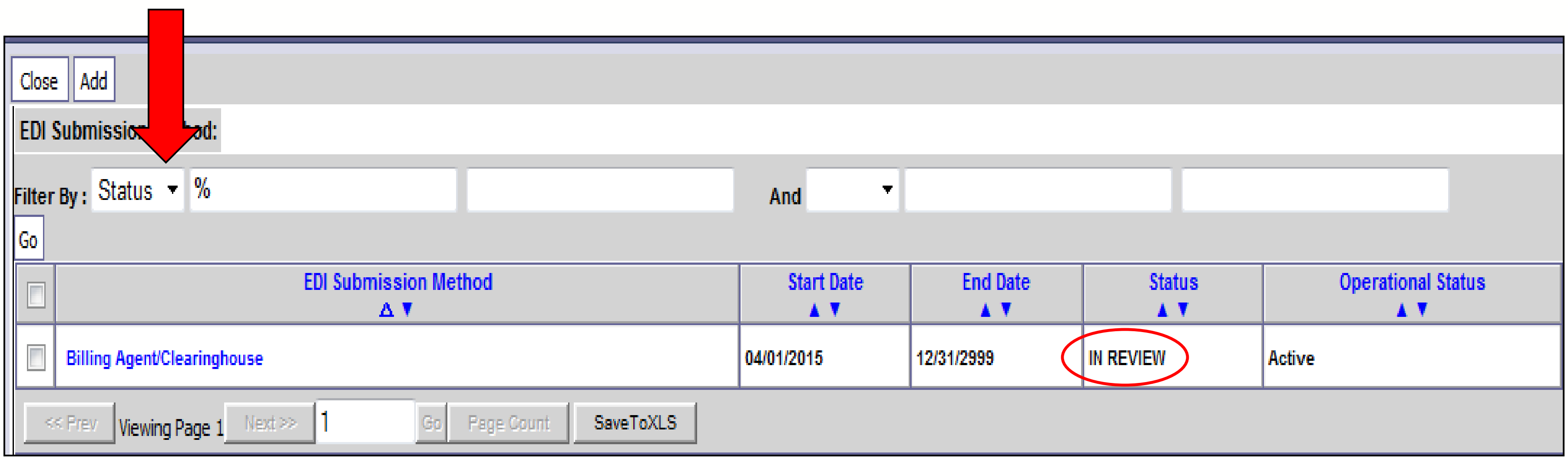
Method	When to Use
Web Batch	For upload/download of files in ProviderOne
Billing Agent/Clearinghouse	For providers who use a 3rd party to bill
FTP Batch	For submitting files via an SFTP site
Web Interactive	For entering (keying) claims directly in ProviderOne

- Your EDI submission method is "Web Batch" if you currently upload and download batch files using WaMedWeb. This method is often used by providers who submit their own HIPAA batch transactions. It allows a maximum file size of 50 MB.
- Your EDI submission method is "FTP Secured Batch" if you submit and retrieve batches at a secure web folder assigned to you by DSHS. This method was designed with clearinghouses and billing agents in mind. It allows a maximum file size of 100 MB.

OK Cancel

Provider File Maintenance

- Step 10: EDI Submission Method - Updates
  - ✓ Adding a Billing Agent/Clearinghouse
  - ✓ To see your addition, filter by **Status**
  - ✓ Enter % and click **Go**
  - ✓ Your request appears with **In-Review** status



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Provider File Maintenance

- Step 12: EDI Submitter Details – Billing Agent/Clearinghouse
  - ✓ Add the Billing Agent/Clearinghouse ProviderOne ID
    - Get the ID number from the Billing Agent/Clearinghouse; or
    - Go to the HIPAA web site to review the posted list at: http://www.hca.wa.gov/medicaid/hipaa/pages/index.aspx

Associate Billing Agent/Clearinghouse:

Billing Agent/Clearinghouse ProviderOne Id: *

Start Date: * End Date:

Status: In Review

Note: In the "Authorized Transaction Responses" section, please select 'yes' for any outbound HIPAA transactions that your clearinghouse acquires on your behalf.

Authorized Transaction Responses:

Transaction Response	Authorized	Start Date	End Date
271-Eligibility Response	No		
277-Claim Status Response	No		
277U-Unsolicited Claims Status Response	No		
278-Prior Authorization Response	No		
820-Premium Payment	No		
834-Benefit Enrollment	No		

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OK Cancel

  - ✓ Add the start date with your organization
  - ✓ Select authorized HIPAA transactions and click **Ok**

Provider File Maintenance

- Step 14: Servicing Provider Information
  - ✓ View the list of providers that work at the clinic

Close | Add

Servicing Provider List:

Filter By : And And

Operational Status: Active Go

	ProviderOne ID	Servicing Provider Name	Servicing Provider NPI	Start Date	End Date	Status	Operational Status	Inactivation Date
	1042555	JOHNSON, BRIAN	2233445678	09/09/2013	12/31/2999	Approved	Active	

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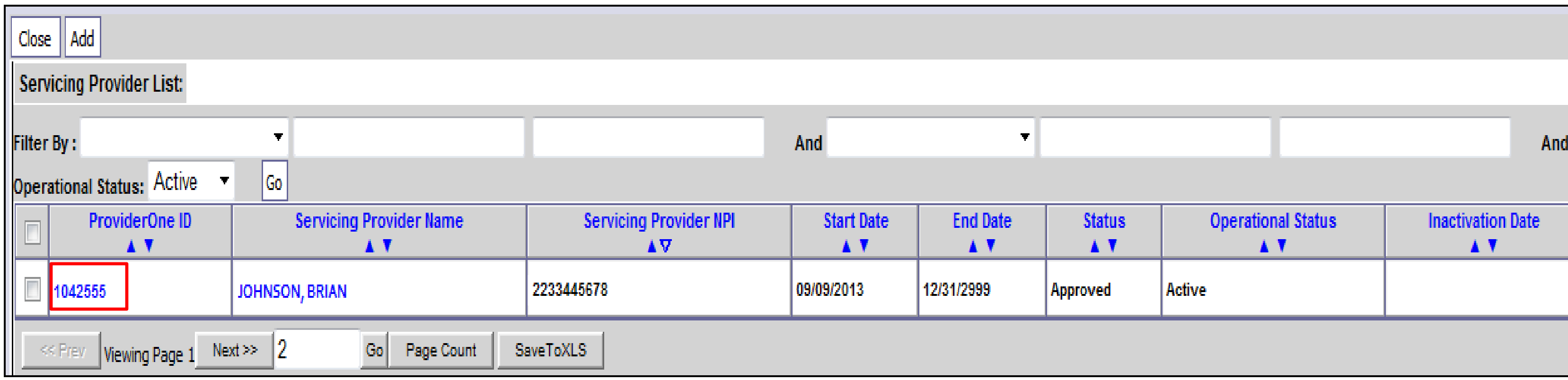
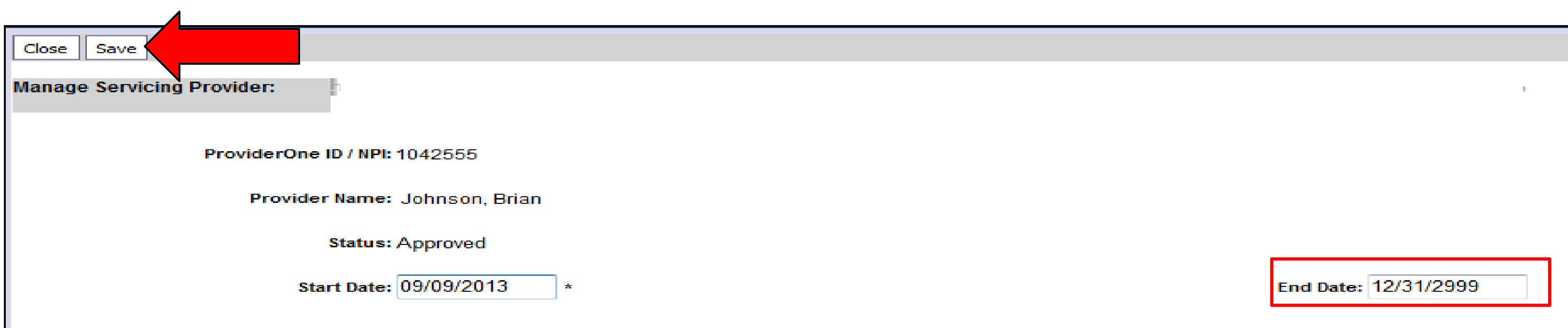
Provider File Maintenance

- Step 14: Servicing Provider Information – Ending a provider association
  - ✓ Click on the **ProviderOne ID** on the provider list



  - ✓ Enter an end date and click the **Save** button



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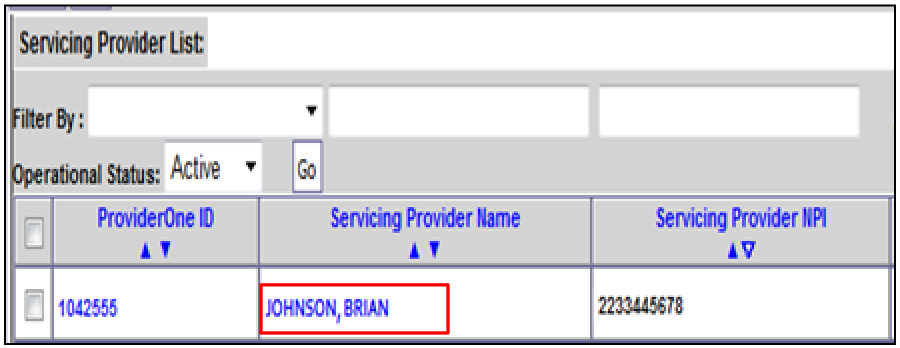
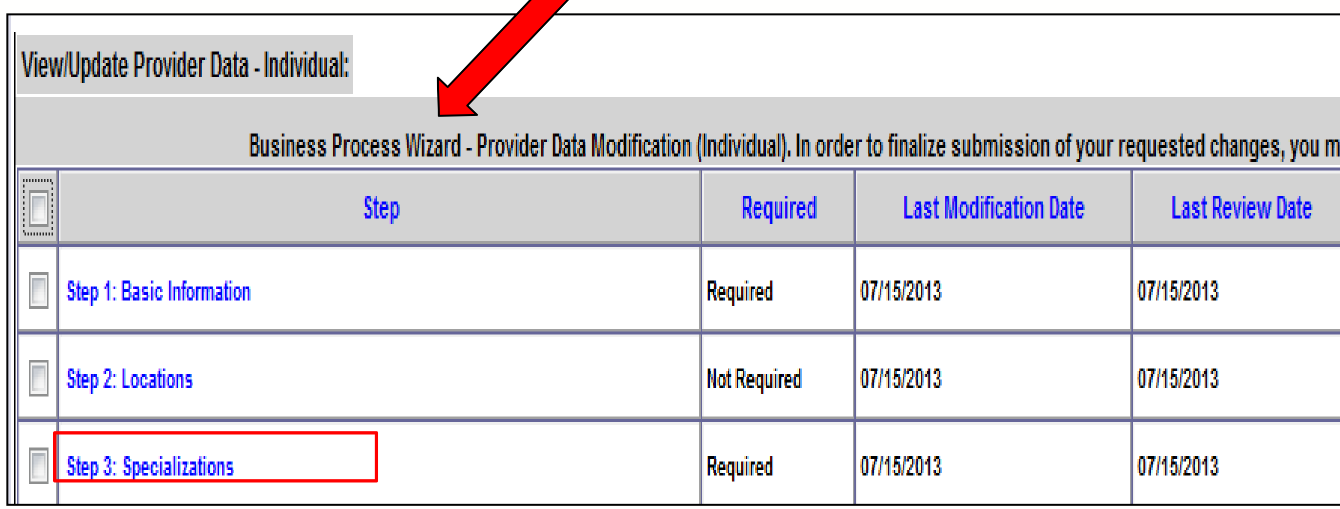
Provider File Maintenance

- Step 14: Servicing Provider Information
  - ✓ Viewing a Servicing Provider's taxonomy codes



- ✓ At the provider list page, click on the **provider's name**
- ✓ ProviderOne opens the individual provider's **Business Process Wizard** (BPW)

- ✓ Click on **Step 3: Specializations** to see the taxonomy code list for your provider



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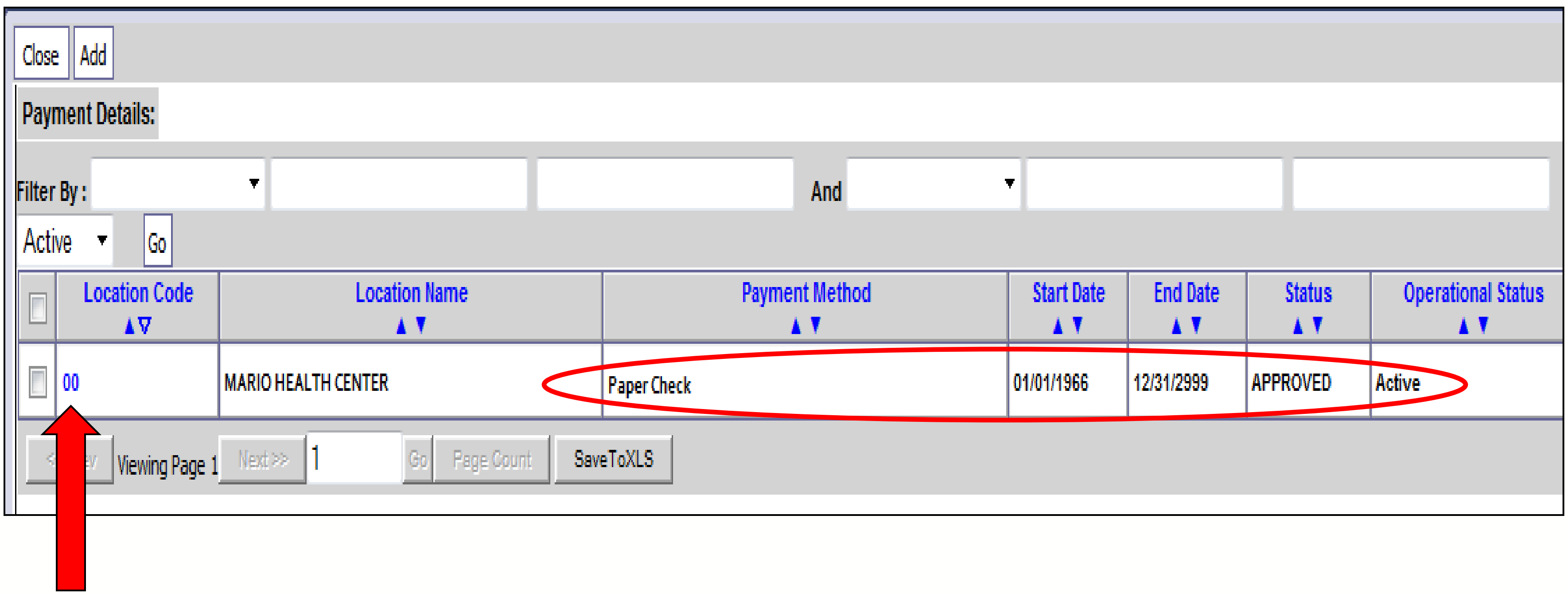
Provider File Maintenance

- Step 15:Payment Details
  - ✓ Current payment information is displayed
  - ✓ To modify click on the **00**



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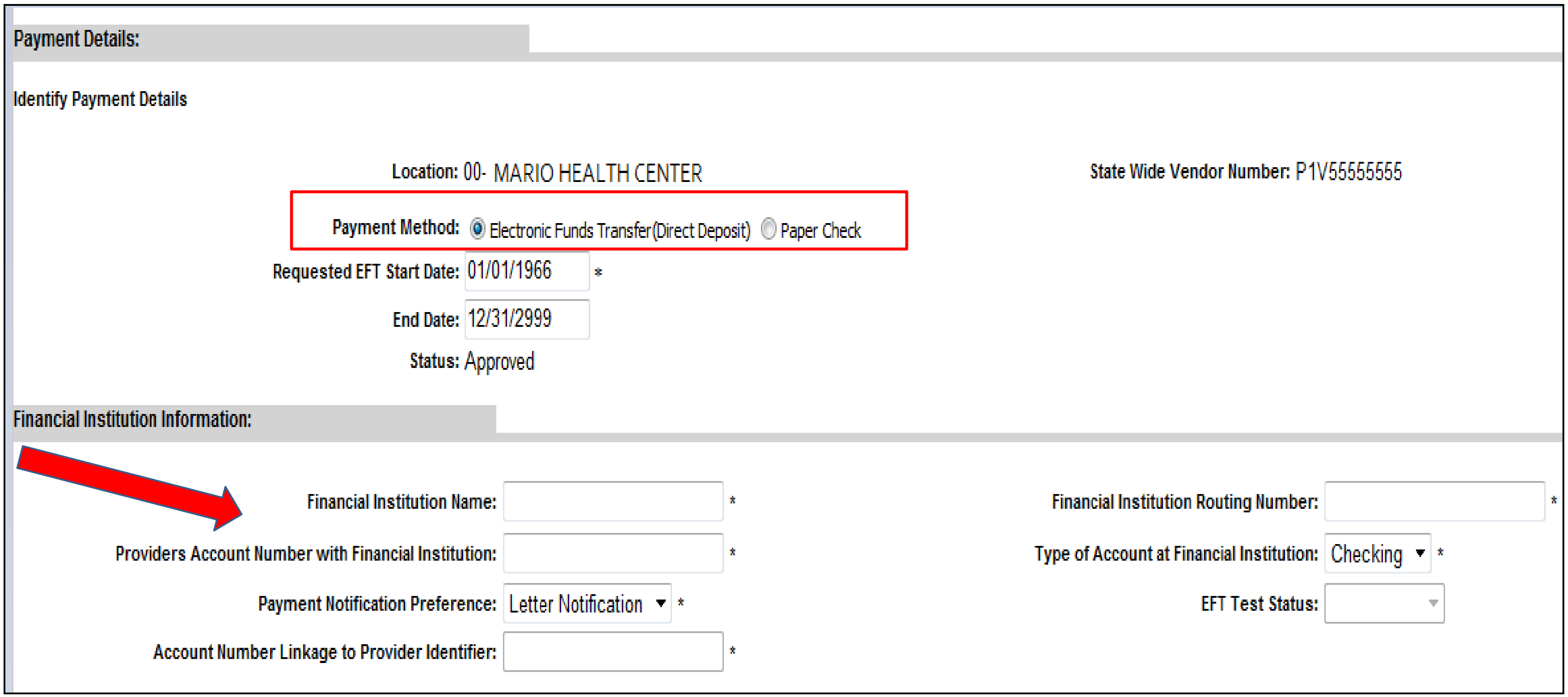
Provider File Maintenance

➢ Step 15: Payment Details

- ✓ Switching to Electronic Funds Transfer (preferred)


Payment Details:

Identify Payment Details

Location: 00- MARIO HEALTH CENTER

State Wide Vendor Number: P1V55555555

Payment Method: Electronic Funds Transfer(Direct Deposit) Paper Check

Requested EFT Start Date: 01/01/1966 *

End Date: 12/31/2999

Status: Approved

Financial Institution Information:

Financial Institution Name: *

Financial Institution Routing Number: *

Providers Account Number with Financial Institution: *

Type of Account at Financial Institution: Checking *

Payment Notification Preference: Letter Notification *

EFT Test Status:

Account Number Linkage to Provider Identifier: *

- ✓ Enter your banking information under the Financial Institution Information fields and click **OK**

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Provider File Maintenance

- Step 15: Payment Details
  - ✓ Complete the Authorization Agreement for Electronic Funds Transfer form
    - Form 12-002 for new EFT sign-up
    - Form 12-003 for change to EFT account
  - ✓ Have the form signed
  - ✓ Fax in to 360-725-2144; or
  - ✓ Mail to address on the form
  - ✓ Find the form at: http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx

Provider File Maintenance

- Step 16: Submit Modification for Review

Close | Submit Provider Modification

Final Submission

ProviderOne ID: **Enrollment Type:**

The requested modifications submitted shall be verified and reviewed by the DSHS.
During this time, you may not make additional changes.

By clicking on the button "Submit Provider Modification", you are agreeing that the information submitted for modification is correct (Privacy and Confidentiality).

Please use your NPI in all the documentation sent to DSHS. If you do not use an NPI please use your ProviderOne ID.

Instructions for submitting documentation:
1. **Please click on this link to display the documentation cover sheet.**
2. **Print the cover sheet.**
3. **Write the the NPI number or ProviderOne ID number in the Provider ID field on the cover sheet.**
4. **Include the cover sheet, with the NPI number or ProviderOne ID number, when mailing or faxing documentation to the DSHS.**

Application Document Checklist:

Forms/Documents	Special Instructions	Source	Required
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov/	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://www.doh.wa.gov	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		YES
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	http://www.dor.wa.gov	YES

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Provider File Maintenance

- More information on provider file maintenance:

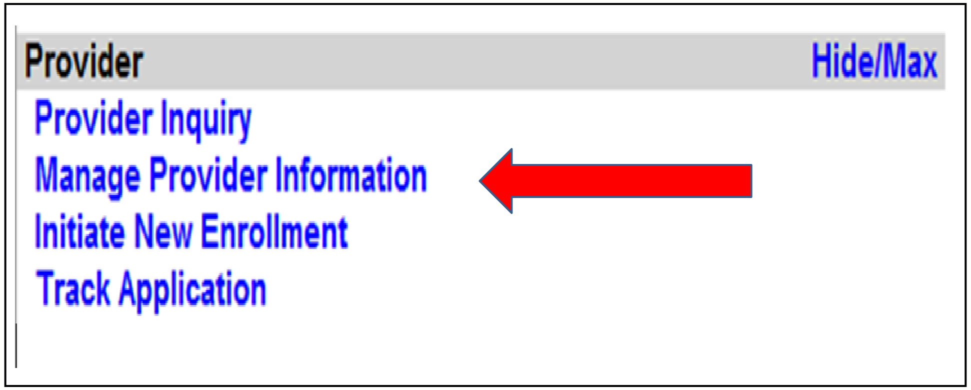
  http://www.hca.wa.gov/medicaid/provider/pages/provideronemanuals.aspx

- Find your manual to review

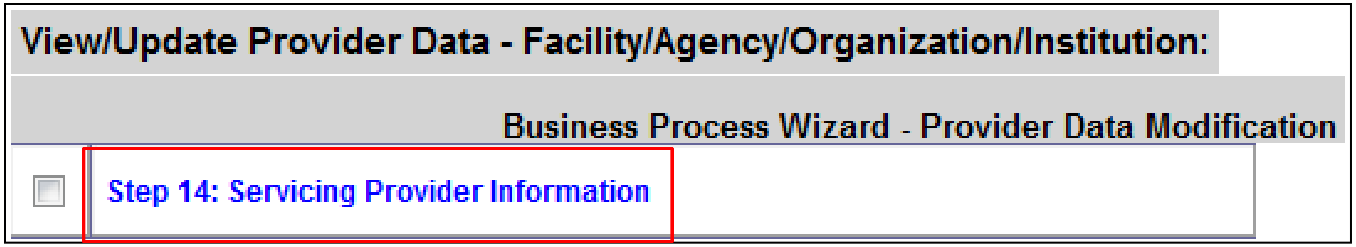
Enroll an Existing Rendering Provider

Enroll an Existing Rendering Provider

- Log into ProviderOne using the **File Maintenance or Super User profile**



- ✓ Under Provider click on the hyperlink **Manage Provider Information**
- ✓ At the Business Process Wizard click on **Step 14: Servicing Provider Information**



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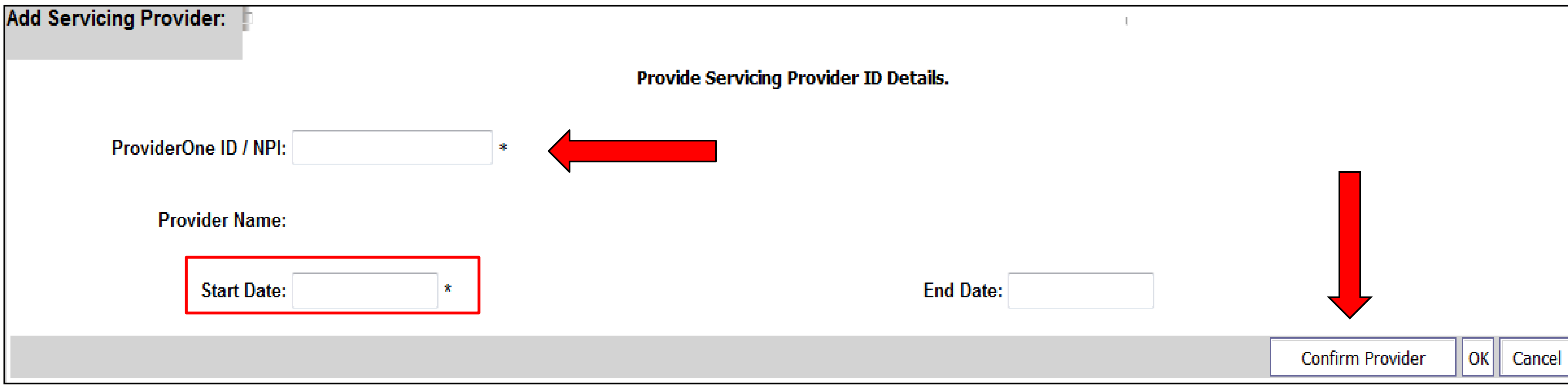
Enroll an Existing Rendering Provider

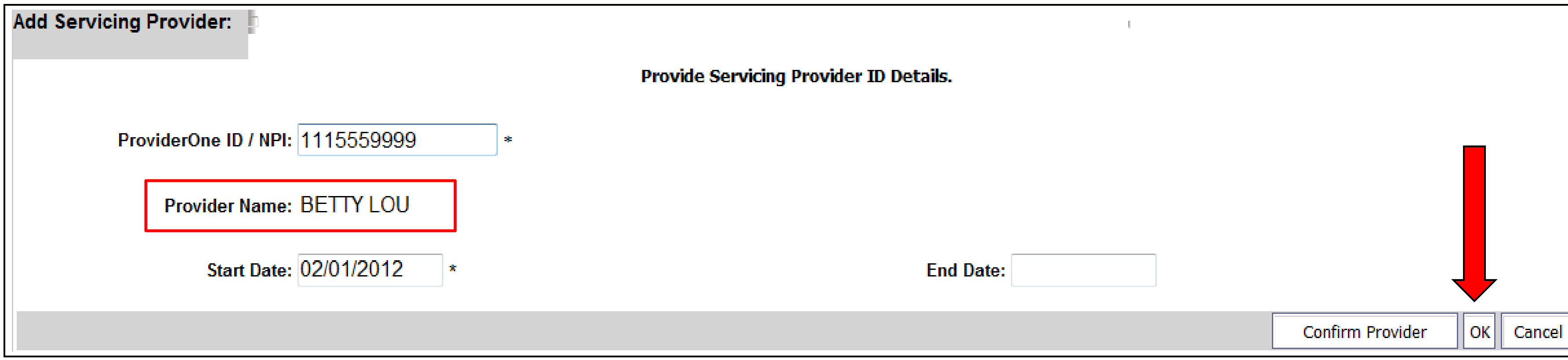
- When the Servicing Provider List opens, click on the **Add** button.



- At the Add screen:
  - ✓ Enter the provider's NPI
  - ✓ Enter their start date at your clinic
  - ✓ Click on the **Confirm Provider** button

Enroll an Existing Rendering Provider

- If the provider is already entered in ProviderOne - their name will be confirmed

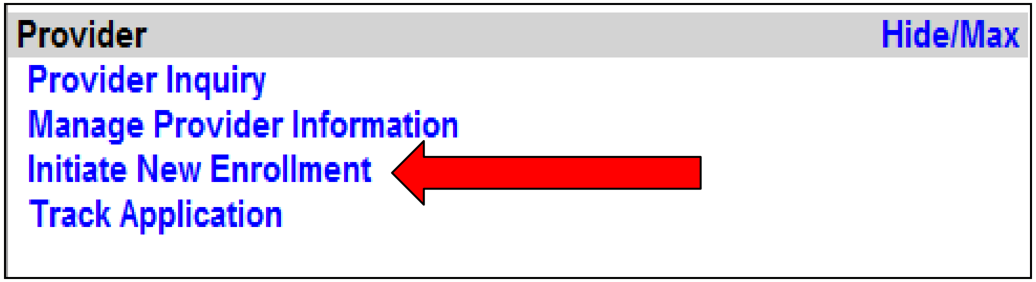


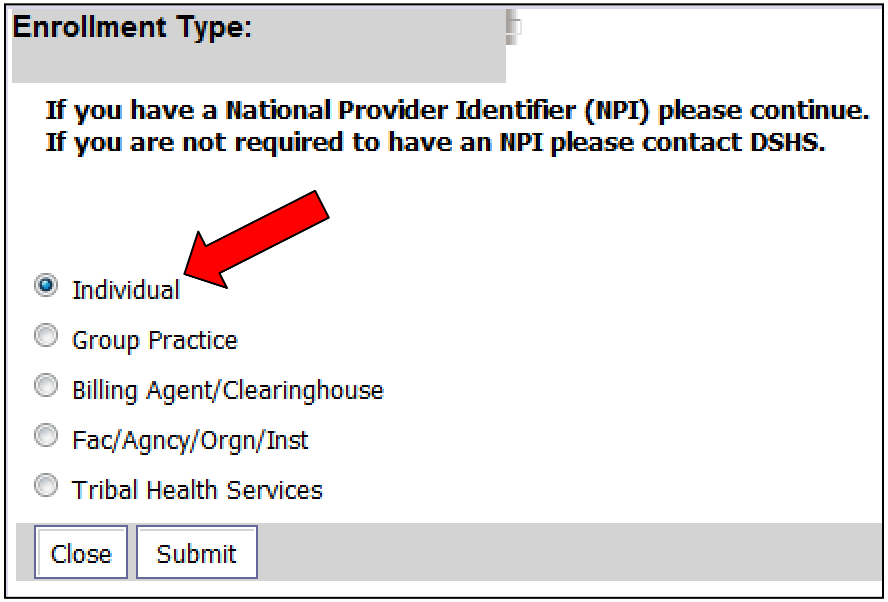
- Click the **OK** button to add the provider to your list
- Remember to click **Step 16: Submit Modification for Review**
- Your modification request will be reviewed and worked in chronological order

Enroll a New Rendering Provider

Enrolling a New Rendering Provider

- On the Provider Portal, select the **Initiate New Enrollment** hyperlink





- ✓ Click on **Individual** to start a new enrollment for the rendering/servicing provider.

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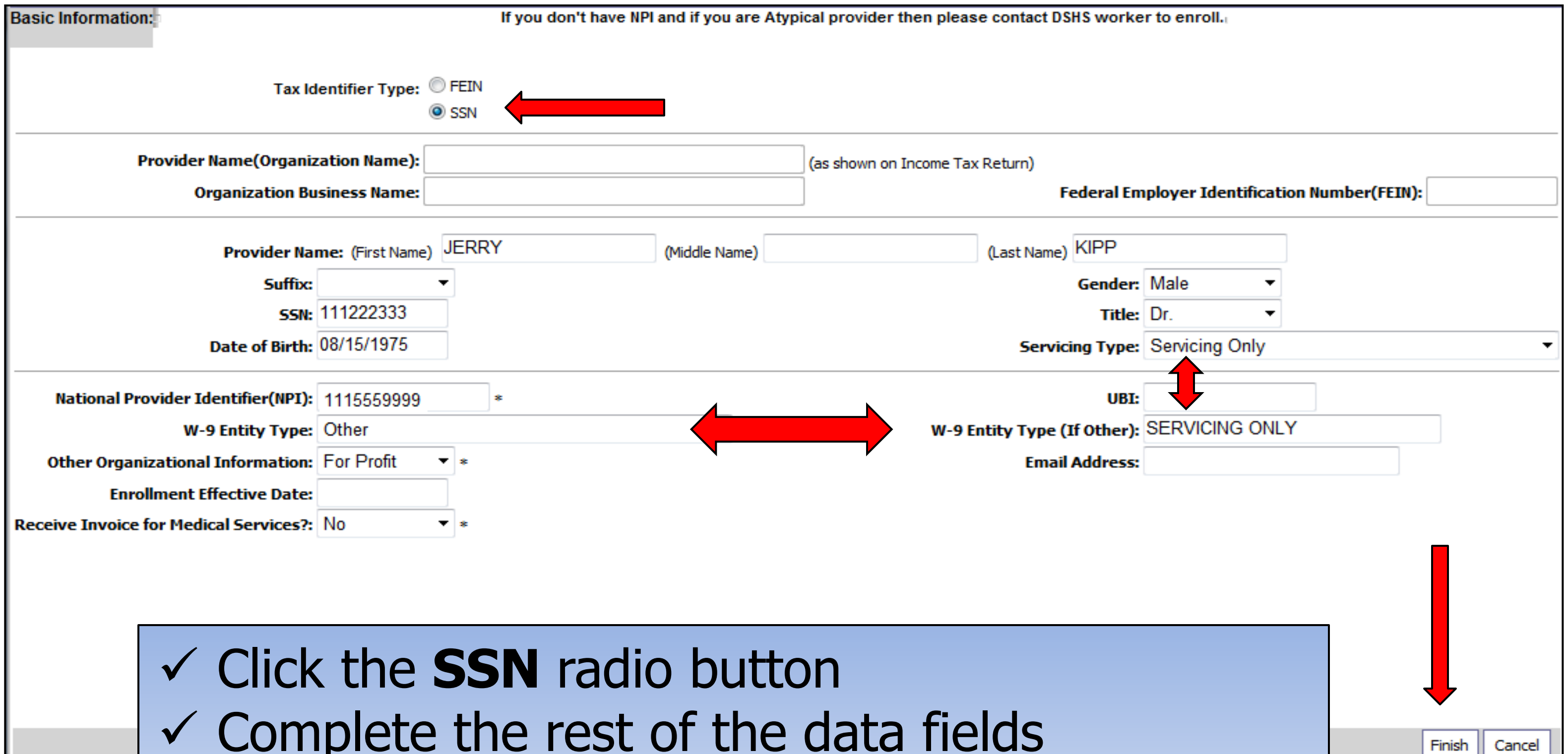
Enrolling a New Rendering Provider

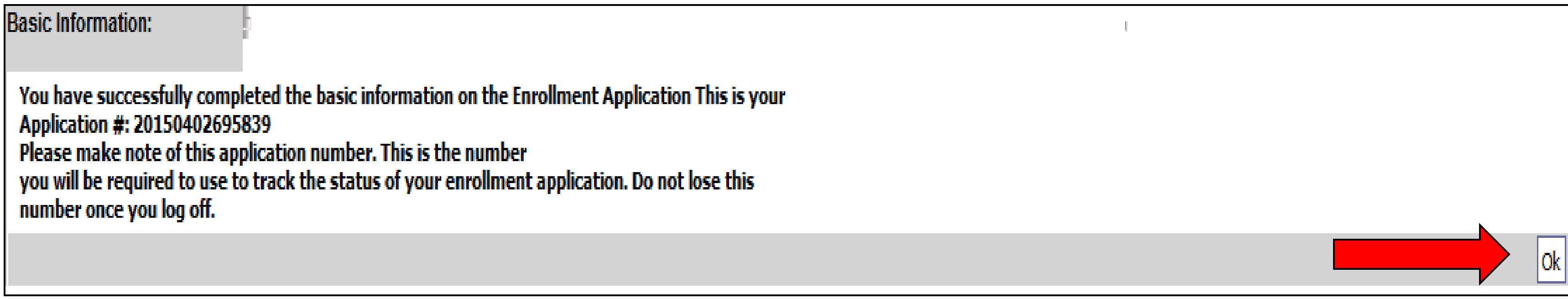
➢ At the Basic Information page for the rendering provider enrollment:



- ✓ Click the **SSN** radio button
- ✓ Complete the rest of the data fields
- ✓ For the **W-9 Entity Type**, choose **Other**
- ✓ Select **Servicing Only** as the Servicing Type
- ✓ Once complete, click **Finish**

Enrolling a New Rendering Provider

- Once the fields are completed on the Basic Information screen, the enrollment application is submitted into ProviderOne which generates an Application number



- Be sure to record this application number for use in tracking the status of the enrollment application
- Click **OK**

Enrolling a New Rendering Provider

➢ The Business Process Wizard - Step 1 shows complete

Close | Required Credentials | Purge

Important - Step 10: Add EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

Enroll Provider -Individual:

Business Process Wizard-Provider Enrollment (Individual). Click

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	04/02/2015	04/02/2015	Complete
Step 2: Add Locations	Not Required			Incomplete
Step 3: Add Specializations	Required			Incomplete
Step 4: Ownership & Managing/Controlling Interest details	Not Required			Incomplete
Step 5: Add Licenses and Certifications	Optional			Incomplete
Step 6: Add Training and Education	Optional			Incomplete
Step 7: Add Identifiers	Optional			Incomplete
Step 8: Add Contract Details	Not Required			Incomplete
Step 9: Add Federal Tax Details	Optional			Incomplete
Step 10: Add EDI Submission Method	Not Required			Incomplete
Step 11: Add EDI Billing Software Details	Not Required			Incomplete
Step 12: Add EDI Submitter Details	Not Required			Incomplete
Step 13: Add EDI Contact Information	Not Required			Incomplete
Step 14: Add Billing Provider Details	Optional			Incomplete
Step 15: Add Payment and Remittance Details	Not Required			Incomplete
Step 16: Complete Enrollment Checklist	Required			Incomplete
Step 17: Submit Enrollment Application for Review	Required			Incomplete

➢ The steps indicated as "Required" are a reflection of the W-9 Entity Type selected on the Basic Information screen

Enrolling a New Rendering Provider

- The required steps for “Servicing Only” are:

Close | Required Credentials | Purge

Important - Step 10: Add EDI Submission Method is REQUIRED if FTP/Web Batch Submitter or Retrieving 835s.

Enroll Provider -Individual:

Business Process Wizard-Provider Enrollment (Individual). Click

Step	Required	Start Date	End Date	Status
Step 1: Provider Basic Information	Required	04/02/2015	04/02/2015	Complete
Step 2: Add Locations	Not Required			Incomplete
Step 3: Add Specializations	Required			Incomplete
Step 4: Ownership & Managing/Controlling Interest details	Not Required			Incomplete
Step 5: Add Licenses and Certifications	Optional			Incomplete
Step 6: Add Training and Education	Optional			
Step 7: Add Identifiers	Optional			
Step 8: Add Contract Details	Not Required			
Step 9: Add Federal Tax Details	Optional			
Step 10: Add EDI Submission Method	Not Required			
Step 11: Add EDI Billing Software Details	Not Required			Incomplete
Step 12: Add EDI Submitter Details	Not Required			Incomplete
Step 13: Add EDI Contact Information	Not Required			Incomplete
Step 14: Add Billing Provider Details	Optional			Incomplete
Step 15: Add Payment and Remittance Details	Not Required			Incomplete
Step 16: Complete Enrollment Checklist	Required			Incomplete
Step 17: Submit Enrollment Application for Review	Required			Incomplete

Optional steps will change to “Required “depending on your entry.

Enrolling a New Rendering Provider

- Step 3: Specializations
  - Add Taxonomy here
- Step 5: Licenses and Certifications
  - Enter license/certification issued by the Department of Health
- Step 7: Identifiers
  - DEA number (if applicable)
- Step 14: Billing Provider Details
  - Add the NPI and Name of clinic that will bill for this rendering provider's services
- Step 16: Complete Enrollment Checklist
  - Answer questions displayed
  - Click **Save** and then **Close**

Enrolling a New Rendering Provider

- Step 17: Submit Modification for Review
  - Click this step to initiate sending the enrollment
  - Click the **Submit Enrollment** button

Close | Submit Enrollment

Final Submission

Application #: 20150402081653 Enrollment Type: BOB, JIM

The information submitted for enrollment shall be verified and reviewed by the DSHS.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct (Privacy and Confidentiality).

Please use the Application # in all the documentation sent to the DSHS.

Instructions for submitting documentation:
1. Please click on this link to display the documentation cover sheet.
2. Print the cover sheet.
3. Write the Application number in the 'Application #' field of the cover sheet.
4. Include the cover sheet, with the Application number, when mailing or faxing documentation to the DSHS.

Application Document Checklist:

Forms/Documents	Special Instructions	Source	Required
Training and Education	Please provide a copy of all required Training and Documentation.		NO
Tax Documents	Please provide a copy of all required Tax Documents.	http://www.irs.gov/	YES
Licenses and Certifications	Please provide a copy of all required Licenses and Certifications.	http://www.doh.wa.gov	YES
EDI Required Documentations	Please provide a copy of all required Trading Partner documents.		NO
Contracts and Agreements	Please provide a copy of all required Contracts and Agreements. Include a copy of the current Core Provider Agreement.		YES
Business License	Please provide a copy of business license.	http://www.dor.wa.gov	YES

- Send in all required supporting documentation (CPA, Certifications, etc.)

How can we help?

Provider Enrollment

- Assists with enrollment of billing/servicing providers
- Can be contacted at 800-562-3022, ext. 16137
- To request assistance via email: providerenrollment@hca.wa.gov

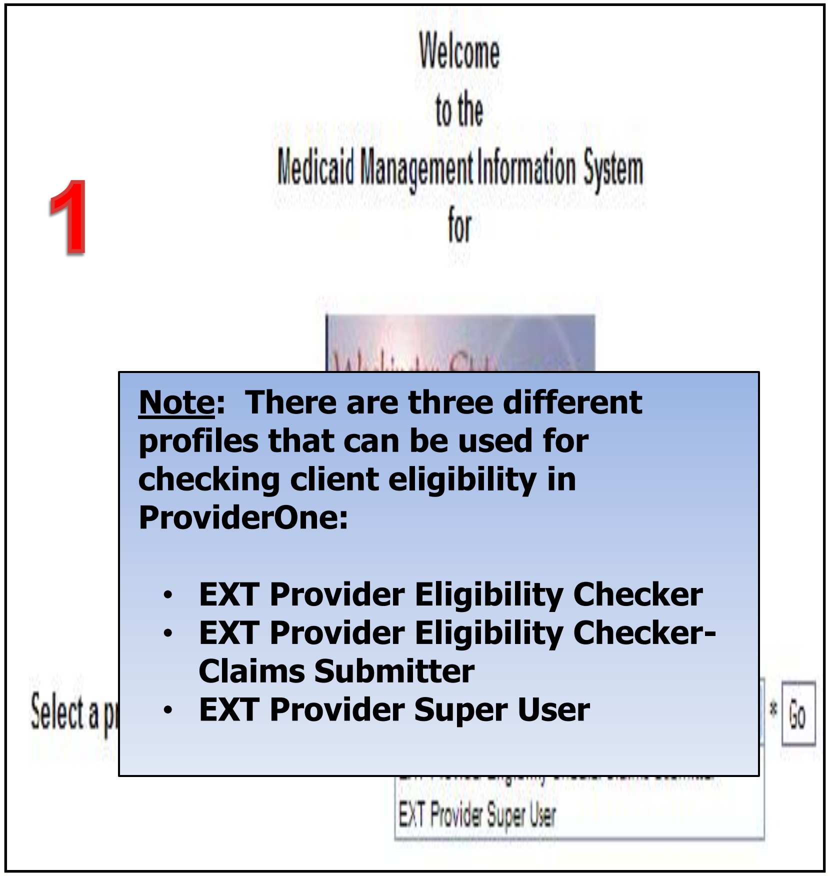
User Profiles

- Provider Relations can assist in a variety of formats tailored to individual needs
- To request assistance, send email to: providerrelations@hca.wa.gov

Eligibility & Billing Processes

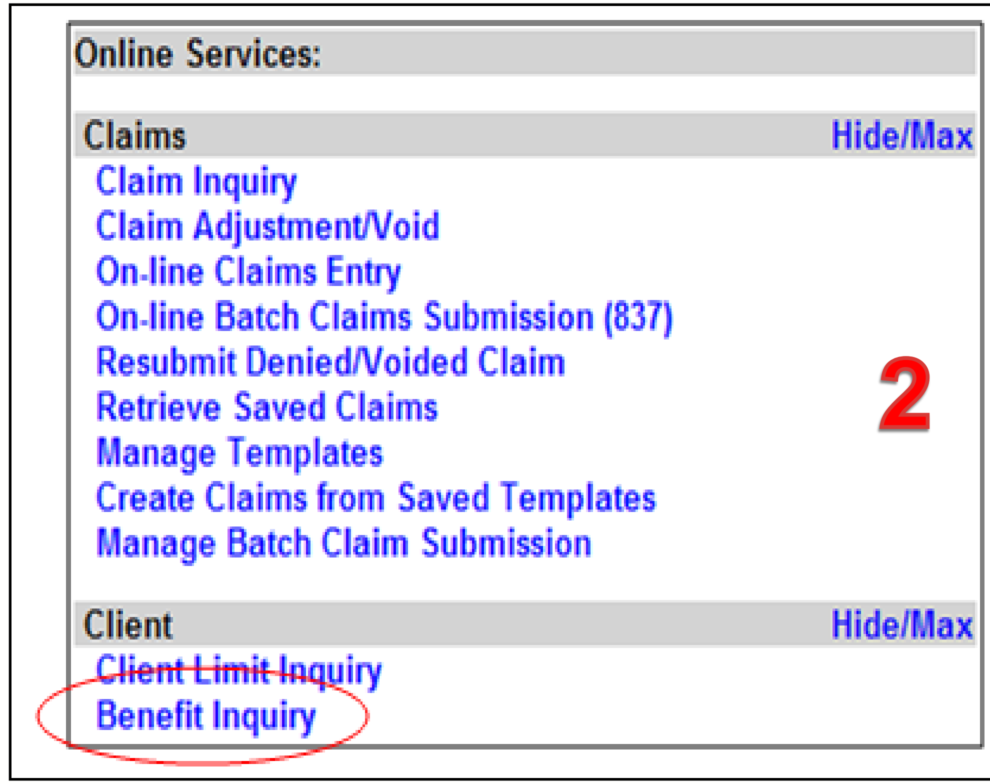
How Do I Obtain Eligibility In ProviderOne

- Select the proper user profile



Note: There are three different profiles that can be used for checking client eligibility in ProviderOne:

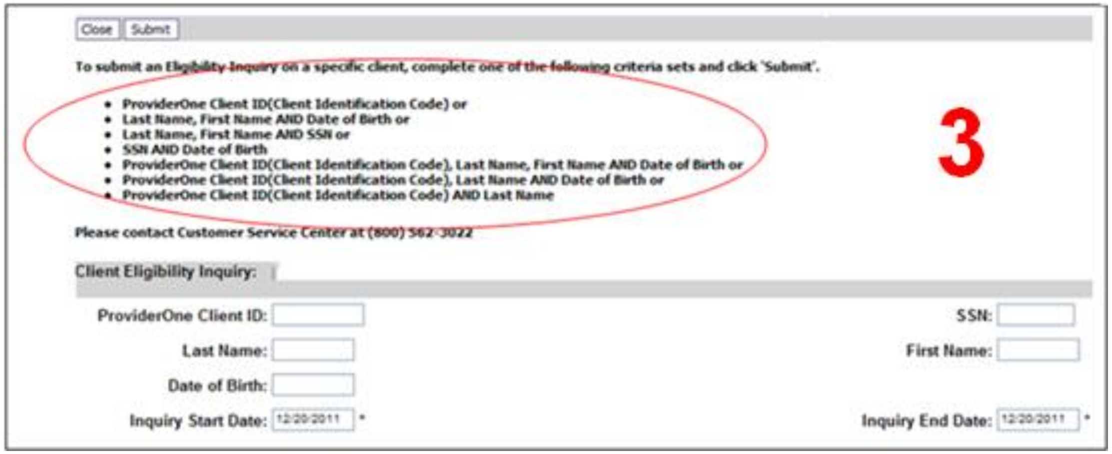
- **EXT Provider Eligibility Checker**
- **EXT Provider Eligibility Checker-Claims Submitter**
- **EXT Provider Super User**



Select Benefit Inquiry under the Client section of the Provider Portal.

How Do I Obtain Eligibility In ProviderOne

- Use one of the search criteria listed along with the dates of service to verify eligibility.



Close Submit

To submit an Eligibility Inquiry on a specific client, complete one of the following criteria sets and click 'Submit'.

- ProviderOne Client ID(Client Identification Code) or
- Last Name, First Name AND Date of Birth or
- Last Name, First Name AND SSN or
- SSN AND Date of Birth
- ProviderOne Client ID(Client Identification Code), Last Name, First Name AND Date of Birth or
- ProviderOne Client ID(Client Identification Code), Last Name AND Date of Birth or
- ProviderOne Client ID(Client Identification Code) AND Last Name

3

Please contact Customer Service Center at (800) 562-3022

Client Eligibility Inquiry:

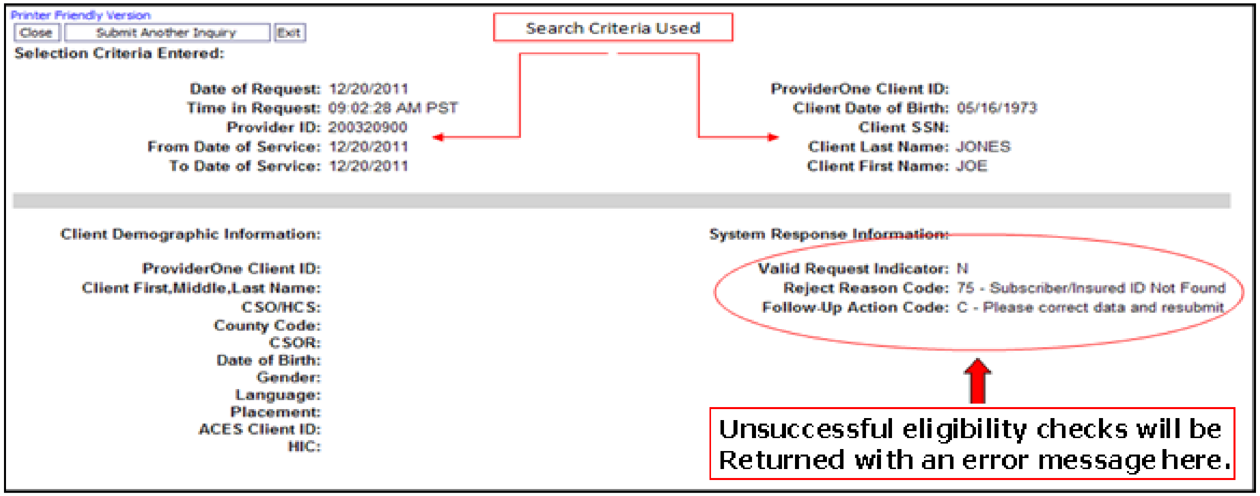
ProviderOne Client ID: SSN:

Last Name: First Name:

Date of Birth:

Inquiry Start Date: 12/20/2011 * Inquiry End Date: 12/20/2011 *

- An unsuccessful check would look like this:



Printer Friendly Version

Close Submit Another Inquiry Exit

Search Criteria Used

Selection Criteria Entered:

Date of Request: 12/20/2011
Time in Request: 09:02:28 AM PST
Provider ID: 200320900
From Date of Service: 12/20/2011
To Date of Service: 12/20/2011

ProviderOne Client ID:
Client Date of Birth: 05/16/1973
Client SSN:
Client Last Name: JONES
Client First Name: JOE

Client Demographic Information:

ProviderOne Client ID:
Client First,Middle,Last Name:
CSO/HCS:
County Code:
CSOR:
Date of Birth:
Gender:
Language:
Placement:
ACES Client ID:
HIC:

System Response Information:

Valid Request Indicator: N
Reject Reason Code: 75 - Subscriber/Insured ID Not Found
Follow-Up Action Code: C - Please correct data and resubmit

Unsuccessful eligibility checks will be Returned with an error message here.

- ✓ Client is not eligible for your search dates; or
- ✓ Check your keying!

Successful Eligibility Check

Printer Friendly Version

Close | Submit Another Inquiry | Exit

Selection Criteria Entered:

Search Criteria Used

4

Date of Request:	12/20/2011
Time in Request:	10:11:16 AM PST
Provider ID:	110320900
From Date of Service:	12/20/2011
To Date of Service:	12/20/2011

ProviderOne Client ID:	600212788WA
Client Date of Birth:	
Client SSN:	
Client Last Name:	
Client First Name:	

Client Demographic Information:

ProviderOne Client ID:	600212788WA
Client First,Middle,Last Name:	
CSO/HCS:	133-OAK HARBOR/ISLAND COUNTY HCS
County Code:	015-Island
CSOR:	015-OAK HARBOR CSO
Date of Birth:	06/28/1951
Gender:	Female
Language:	ENG-English
Placement:	
ACES Client ID:	602411160
HIC:	

System Response Information:

Valid Request Indicator:	
Reject Reason Code:	
Follow-Up Action Code:	

Basic client information returned including the Client ID, Gender, and Date of Birth

<u>Note</u>: The eligibility information can be printed out using the **Printer Friendly Version** link located in the upper left corner.

Washington State Health Care Authority

Successful Eligibility Check

- After scrolling down the page the first entry is the **Client Eligibility Spans** which show:
  - ✓ The eligibility program (CNP, MNP, etc.)
  - ✓ The date span for coverage

Client Eligibility Spans

Insurance Type Code	Recipient Aid Category (RAC)	Benefit Service Package	Eligibility Start Date	Eligibility End Date	ACES Coverage Group	ACES Case Number	Retro Eligibility	Delayed Certification
MC: Medicaid	1147	CNP	02/01/2011	12/31/2999	L21			

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

<u>Note</u>: Some sections of the eligibility screens do not apply to dental providers such as Managed Care Information and Restricted Client Information.

<u>Note</u>: Occasionally the Medicare Information section will be utilized by dental provider if the patient has a Medicare Part C plan listed. Providers will need to bill this plan primary if this plan covers dental services.

Successful Eligibility Check
Coordination of Benefits Information

- Displays phone numbers and any Policy or Group numbers on file with WA Medicaid for the commercial plans listed.
- For DDE claims the Carrier Code (Insurance ID) is found here.

Coordination of Benefits Information

Service Type Code	Insurance Type Code	Insurance Co. Name & Contact	Carrier Code	Policy Holder Name	Policy Number	Group Number	Plan Sponsor	Start Date	End Date
30: Health Benefit Plan Coverage	C1: Commercial	DEERS/TRICARE/CHAMPUS (877) 988-9378	HI50	Mickey Mouse	123456789	PRIME	DEERS	02/10/2010	12/31/2999
30: Health Benefit Plan Coverage	C1: Commercial	DELTA DENTAL OF CALIFORNIA (888) 336-3260	DD08	Mickey Mouse	123456789	DENTAL-RET	DEERS	11/01/2014	12/31/2999

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Successful Eligibility Check DD Client

- Segment is labeled Developmental Disability Information
- It will show the start and end date
  - ✓ If current, there will be an open-ended date with 2999 as the year.

Developmental Disability Information

Start Date ▲▼	End Date ▲▽
01/01/1964	12/31/2999

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

<u>Note</u>: If a client has the DD indicator, they may be eligible for expanded dental benefits.

Successful Eligibility Check
Foster Care Information

- Foster Care Client's Medical Records History is available.
  - ✓ There is an extra button at the top of the eligibility screen.

Printer Friendly Version

Close | Submit Another Inquiry | Medical Records | Exit

Selection Criteria Entered:

Date of Request:	08/18/2011	**ProviderOne Client ID:**	564532100WA
Time in Request:	07:20:08 AM PDT	**Client Date of Birth:**	
Provider ID:		**Client SSN:**	
From Date of Service:	08/18/2011	**Client Last Name:**	
To Date of Service:	08/18/2011	**Client First Name:**	

Client Demographic Information:

ProviderOne Client ID:	564532100WA
Client First,Middle,Last Name:	UNCLE SAM
CSO/HCS:	076-MEDS
County Code:	017-King
CSOR:	043-KING SOUTH CSO
Date of Birth:	12/28/2003
Gender:	Male

System Response Information:

Valid Request Indicator:	
Reject Reason Code:	
Follow-Up Action Code:	

  - ✓ Click the **Medical Records** button to see:
    - Pharmacy services claims
    - Medical services claims (**includes dental**)
    - Hospital services claims
- See the Billing and Resource Guide for complete details. Web address is on the last slide.

Successful Eligibility Check
Foster Care Information

- Foster Care Client's Medical Records History shows claims paid by ProviderOne. Each section looks like:
  - If any field is empty there is no data for it.
  - Sort by using the "diamonds" under each column name: Drug Name ▲▼
  - Search by using the "Filter by Period" boxes.
  - If there are more pages of data use the Next or Previous buttons: << Prev Viewing Page 1 Next >>
  - If there is no data for the section it will display: **No Records Found !**

Printer Friendly Version

Close

Pharmacy:

Filter By Period: All Go

Fill Date	Drug Name	Strength	Qty	Days	Refill Sequence	Prescriber Name	Pharmacy Name	Pharmacy Phone #
02/03/2011	VITAMIN D	1000 UNIT	60	30	00	FRANKLIN,BEN	BIG RIVER PHARMACY	(509) 555-2323
01/27/2011	POLYETHYLENE GLYCOL 3350	0	527	30	01	FRANKLIN,BEN	BIG RIVER PHARMACY	(509) 555-2323
01/18/2011	BACLOFEN	20 MG	90	30	00	FRANKLIN,BEN	BIG RIVER PHARMACY	(509) 555-2323
01/12/2011	LANSOPRAZOLE ODT	15 MG	60	30	00	WASHINGTON,GEORGE	BIG RIVER PHARMACY	(509) 555-2323
01/12/2011	IBUPROFEN	400 MG	15	10	01	WASHINGTON,GEORGE	BIG RIVER PHARMACY	(509) 555-2323

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

Medical Services (primary and specialty care):

Filter By Period: All Go

Start Date	End Date	Primary Code/DX Description	Other Diagnosis Codes	Procedure Code	Servicing Provider Name	Billing Provider Name	Billing Provider Phone #
02/02/2011	02/02/2011			D1120,D1203,D0150,T1015	HAMILTON, ANDREW	BIG RIVER DENTAL CLINIC	(509) 555-5678
01/24/2011	01/24/2011	3439 - Cerebral palsy NOS	7689,5181	A0425,A0428		MEDICAL AMBULANCE SERVICE	(509) 555-2222
01/24/2011	01/24/2011	78097 - Altered mental status	3481,79091,51881	A0425,A0429		MEDICAL AMBULANCE SERVICE	(206) 535-4444
12/16/2010	01/15/2011	V440 - Tracheostomy status	85400,04112,51889	E0445		HOME NURSING SUPPLY	(509) 555-3333
01/04/2011	01/04/2011	V440 - Tracheostomy status	51889,85400,04112	A7525		HOME NURSING SUPPLY	(509) 555-3333

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

Hospital Care:

Filter By Period: All Go

Start Date	End Date	Primary Code/DX Description	Other Diagnosis Codes	ER/Outpatient/Inpatient	DRG Description	Attending Provider Name	Billing Provider Name	Billing Provider Phone #
01/24/2011	01/24/2011	47874 - Stenosis of larynx	3481,V440,37775,53081	Outpatient		EAGLECLAW, DAN	CHILDRENS	(206) 535-2167
01/11/2011	01/11/2011	51919 - Trachea & bronch dis NEC		Outpatient		KIDD, CISCO	MEMORIAL HOSPITAL	(509) 555-6789
10/27/2010	10/27/2010	85406 - Brain inj NEC-coma NOS		Outpatient		KIDD, CISCO	MEMORIAL HOSPITAL	(509) 555-6789
09/30/2010	09/30/2010	78720 - Dysphagia NOS	78722	Outpatient		EAGLECLAW, DAN	CHILDRENS	(206) 535-2167
09/21/2010	09/21/2010	47874 - Stenosis of larynx		Outpatient		EAGLECLAW, DAN	CHILDRENS	(206) 535-2167

<< Prev Viewing Page 1 Next >> 2 Go Page Count SaveToXLS

Gender and Date of Birth Updates

- Verified with ProviderOne system staff as of 01/27/14:
  - A large number of claims are denied due to a mismatch between the patient’s DOB in the provider's record and the ProviderOne's client eligibility file. Providers can send a secure email to mmishelp@hca.wa.gov with the client's ProviderOne ID, name, and correct DOB. The same is true if providers find a gender mismatch; send the ProviderOne client ID, name, and correct gender to the same email address.

Verifying Eligibility

- Coverage status can change at any time
  - ✓ Verify coverage for each visit
  - ✓ Print the Benefit Inquiry result
  - ✓ If eligibility changes after this verification, HCA <u>will honor</u> the printed screen shot
    - <u>Exception</u>: Client with commercial insurance carrier that is loaded after you verify eligibility; commercial insurance must be billed first.

Direct Data Entry (DDE) Claims

Fee For Service Claims and Commercial Insurance Secondary Claims

After this training, you can:

- Submit fee for service DDE claims
- Create and Submit TPL secondary claims DDE
  - ✓ With backup
  - ✓ Without backup

Direct Data Entry (DDE) Claims

- ProviderOne allows providers to enter claims directly into the payment system.
- All claim types can be submitted through the DDE system:
  - ✓ Professional (CMS 1500)
  - ✓ Institutional (UB-04)
  - ✓ Dental (ADA Form)
- Providers can CORRECT and RESUBMIT denied or previously voided claims.
- Providers can ADJUST or VOID previously paid claims.

Determine What Profile to Use

For claims submission choose one of the following profiles:

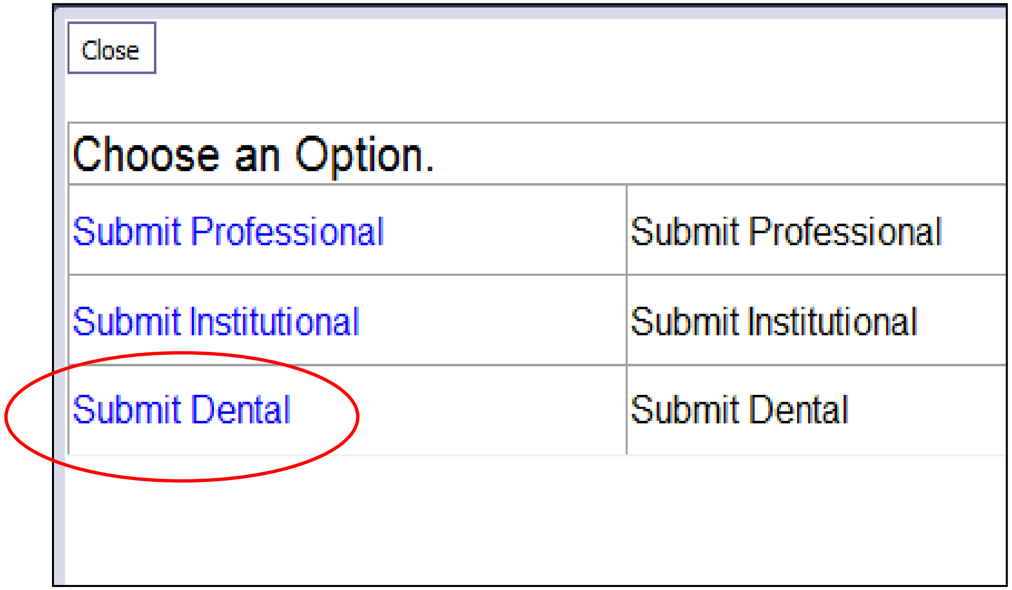
- EXT Provider Super User
- EXT Provider Claims Submitter
- EXT Provider Eligibility Checker – Claims Submitter

Direct Data Entry (DDE) Claims

- From the Provider Portal select the **Online Claims Entry** option located under the Claims heading.

Provider Portal

- Choose the type of claim that you would like to submit with the appropriate claim form:
  - Professional - HCFA 1500
  - Institutional - UB04
  - Dental - 2012 ADA



Direct Data Entry (DDE) Claims

Close | Save Claim | Submit Claim | Reset

Dental Claim:

Note: asterisks (*) denote required fields.

Billing Instructions

Basic Claim Info | Other Claim Info

Billing Provider | Subscriber | Claim | Service

Submitter ID: 200320900

PROVIDER INFORMATION

Go to Other Claim Info to enter information for providers other than the Referring provider.

BILLING PROVIDER

* Provider NPI: * Taxonomy Code:

* Is the Billing Provider also the Rendering Provider? Yes No

Top

SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Client ID:

Additional Subscriber/Client Information

OTHER INSURANCE INFORMATION

Top

CLAIM INFORMATION

Go to Other Claim Info to enter additional claim information not displayed on this page.

CLAIM DATA

Patient Account No.:

* Service Date: mm dd ccyy

* Place of Service:

Additional Claim Data

Diagnosis Codes

Direct Data Entry (DDE) Claims

PRIOR AUTHORIZATION

CLAIM NOTE

* Is this claim accident related? ○ Yes ○ No

BASIC LINE ITEM INFORMATION

Click on the Other Svc. Info link associated with each added Service Line Item to enter line item information other than that displayed on this page.

BASIC SERVICE LINE ITEMS

* Procedure Code:

* Submitted Charges: $

Place of Service:

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers

Tooth Information

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)

Service Date: mm dd ccyy (If different from the claim service date)

Appliance Placement Date: mm dd ccyy

Oral Cavity Designation: 1: 2: 3: 4: 5:

Prior Authorization

Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Add Service Line Item | Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: $ 0

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number
			1	2	3	4	1	2	3	4	1	2	3	4	5					

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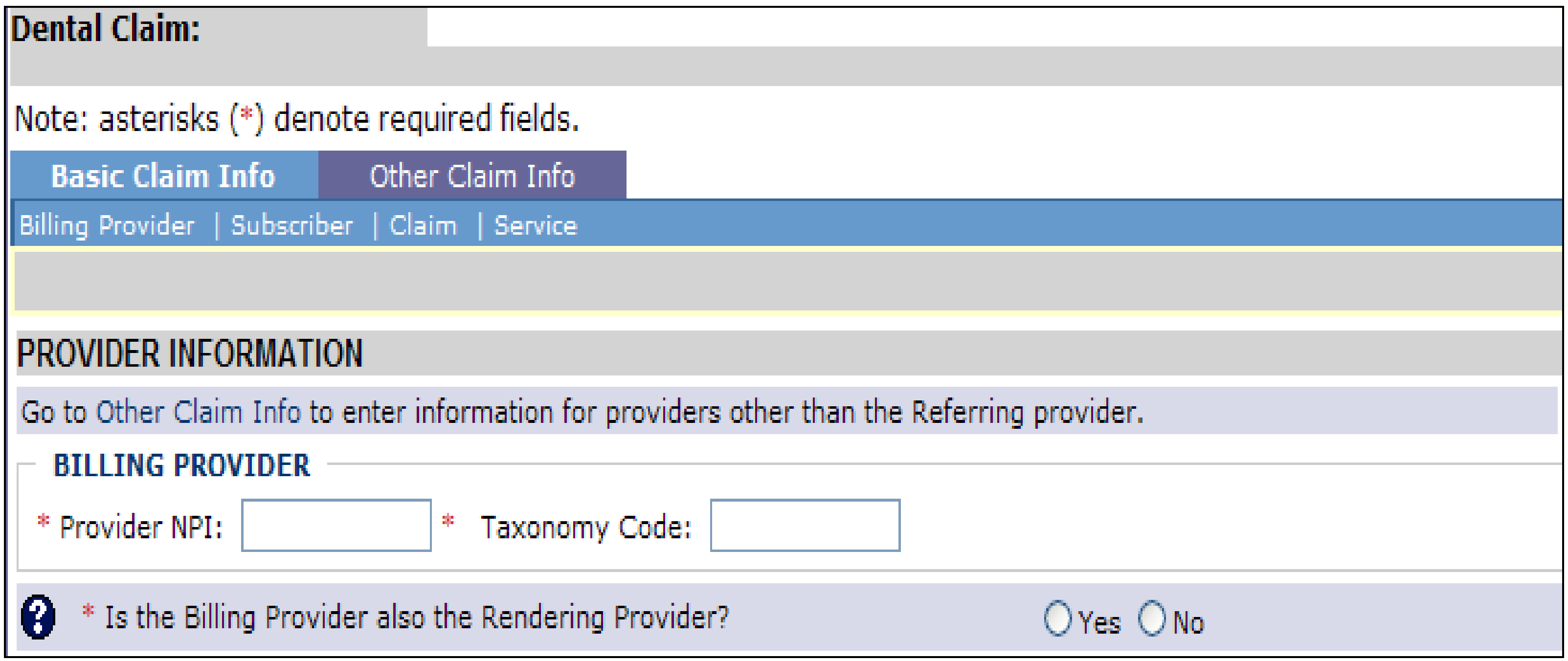
Billing Provider Information

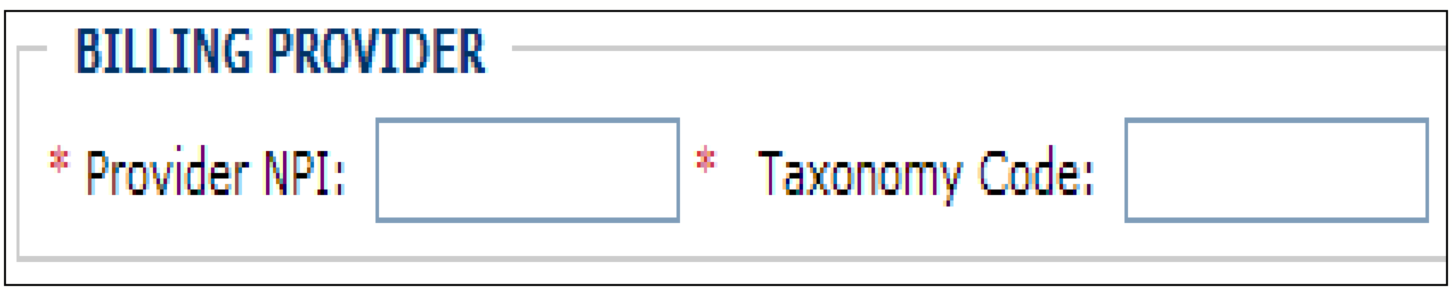
- Section 1: Billing Provider Information of the DDE Dental claim form



Washington State Health Care Authority

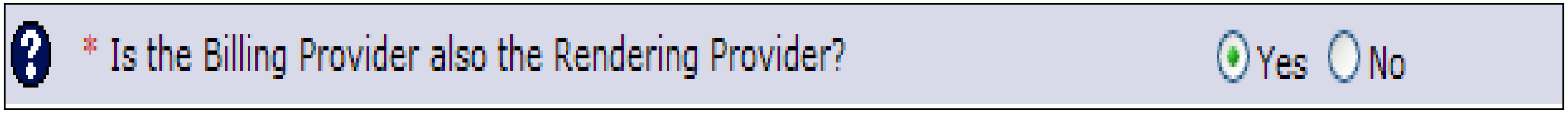
Billing Provider Information

- Enter the Billing Provider NPI and taxonomy code
  - ✓ This will likely be the NPI and Taxonomy Code of the clinic/office where the service was performed and where you would like payment to be received.

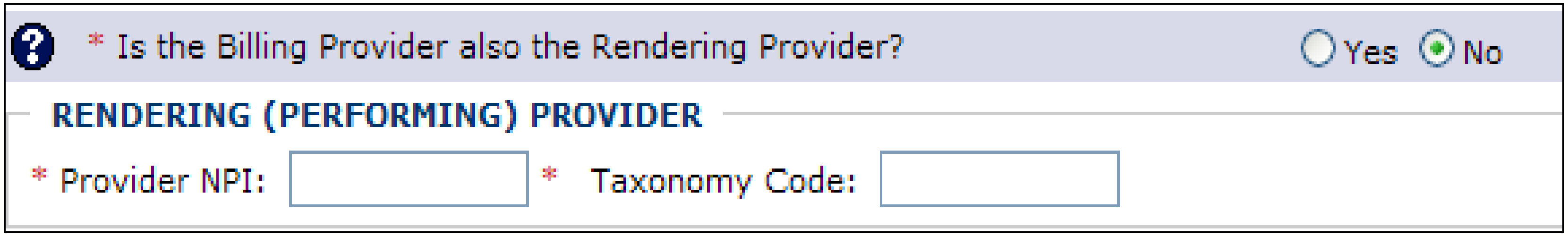


Rendering Provider Information

- If the Rendering Provider is the same as the Billing Provider answer the question **YES** and go on to the next section.



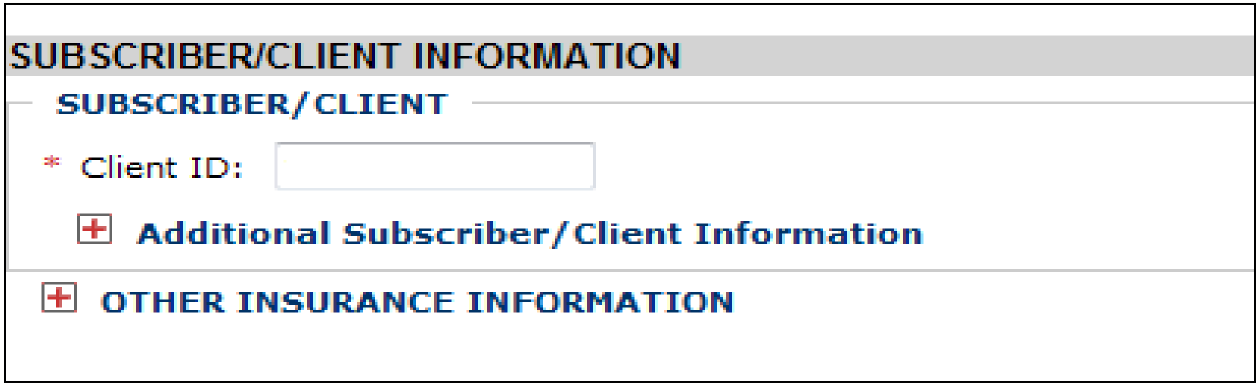
- If the Rendering Provider is different than the Billing Provider entered in the previous question, answer **NO** and enter the Rendering (Performing) Provider NPI and Taxonomy Code.



Washington State Health Care Authority

Subscriber/Client Information

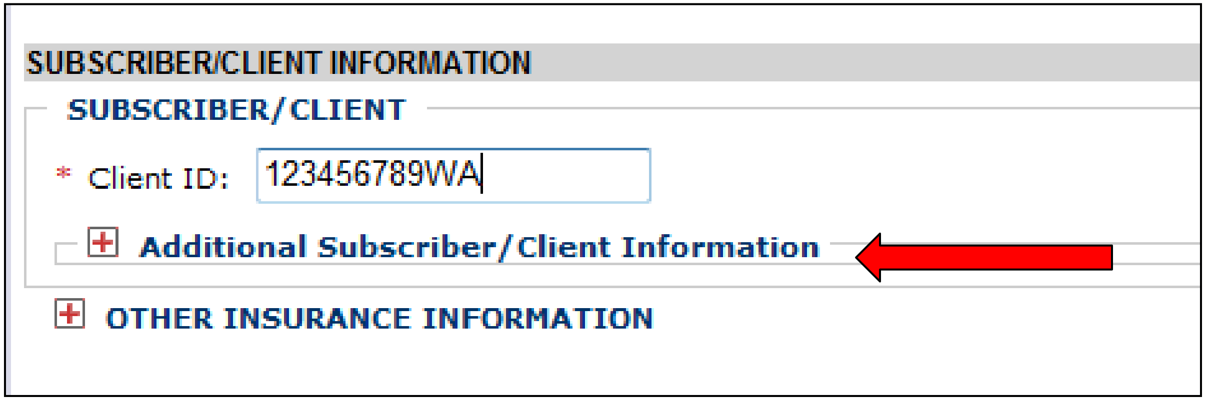
- Section 2: Subscriber/Client Information



Washington State Health Care Authority

Subscriber/Client Information

- Enter the Subscriber/Client ID found on the WA Medicaid services card. This ID is a 9-digit number followed by **WA**.
  - ✓ Example: **123456789WA**

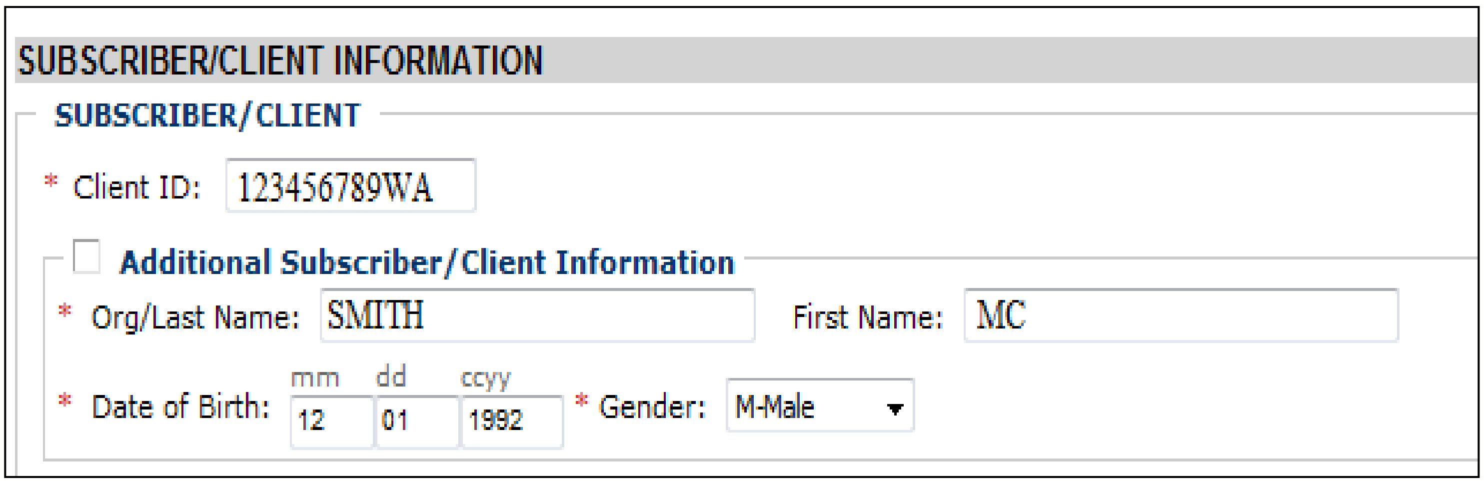


- Click on the red **+** to expand the Additional Subscriber/Client Information to enter additional required information.

Washington State Health Care Authority

Subscriber/Client Information

- Once the field is expanded enter the patient's Last Name, Date of Birth, and Gender.
  - ✓ Date of birth must be in the following format: MM/DD/CCYY



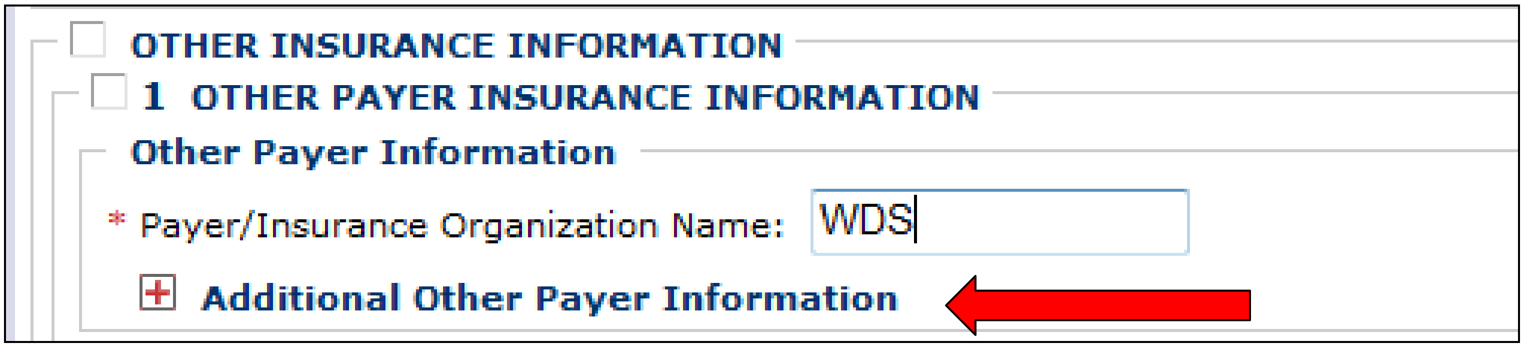
Insurance Other than Medicaid

- If the client has other commercial insurance open the Other Insurance Information section by clicking on the red + expander. If there is no insurance skip over this.

- Then open up the 1 Other Payer Insurance Information section by clicking on the red + expander.

Insurance Other than Medicaid

- Enter the Payer/Insurance Organization Name

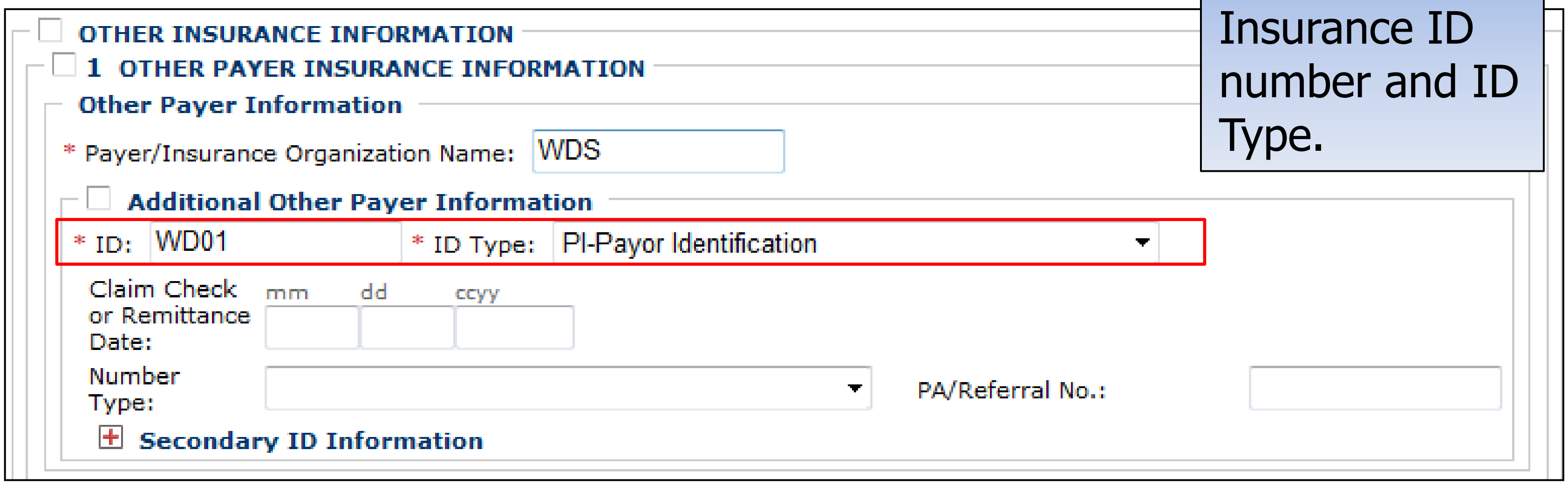


- Open up the Additional Other Payer Information section by clicking on the red + expander.

Insurance Other Than Medicaid

- In the Additional Other Payer Information section fill in the following information:

Enter the Insurance ID number and ID Type.


OTHER INSURANCE INFORMATION

1 OTHER PAYER INSURANCE INFORMATION

Other Payer Information

* Payer/Insurance Organization Name: WDS

Additional Other Payer Information

* ID: WD01 * ID Type: PI-Payor Identification

Claim Check or Remittance Date: mm dd ccyy

Number Type:

PA/Referral No.:

Secondary ID Information

- The next slide shows where to get the **ID** number

Insurance Other Than Medicaid

- Use the Insurance Carrier Code found on the client eligibility screen under the Coordination of Benefits section as the **ID** number for the insurance company; or

- Use the assigned insurance company ID provided on the insurance EOB.

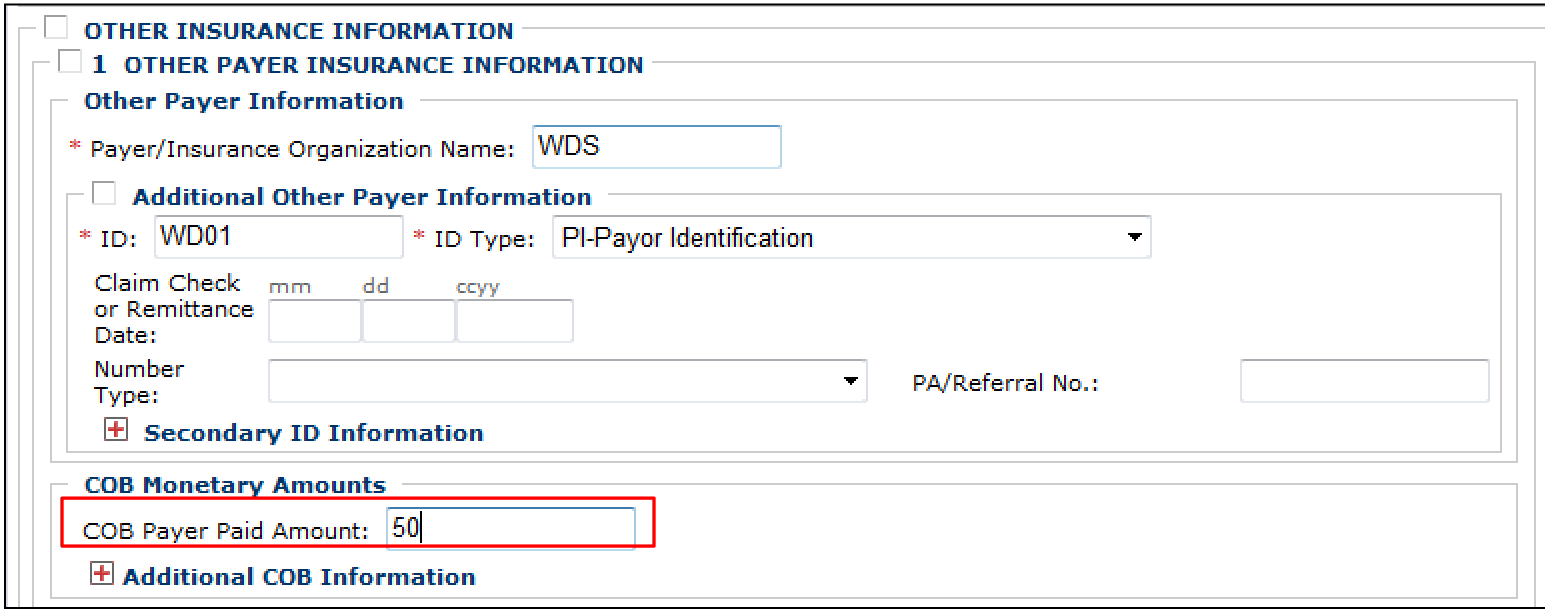
Coordination of Benefits Information

Service Type Code	Insurance Type Code	Insurance Co. Name & Contact	Carrier Code	Policy Holder Name	Policy Number	Group Number	Plan Sponsor	Start Date	End Date
30: Health Benefit Plan Coverage	C1: Commercial	PREMERA BLUE CROSS/BCBS OF AK (800) 345-6784	BC01	SMITH, MC	426687BC7			04/01/2007	12/31/2999

Washington State Health Care Authority

Insurance Other Than Medicaid

- Enter the total amount paid by the commercial private insurance.

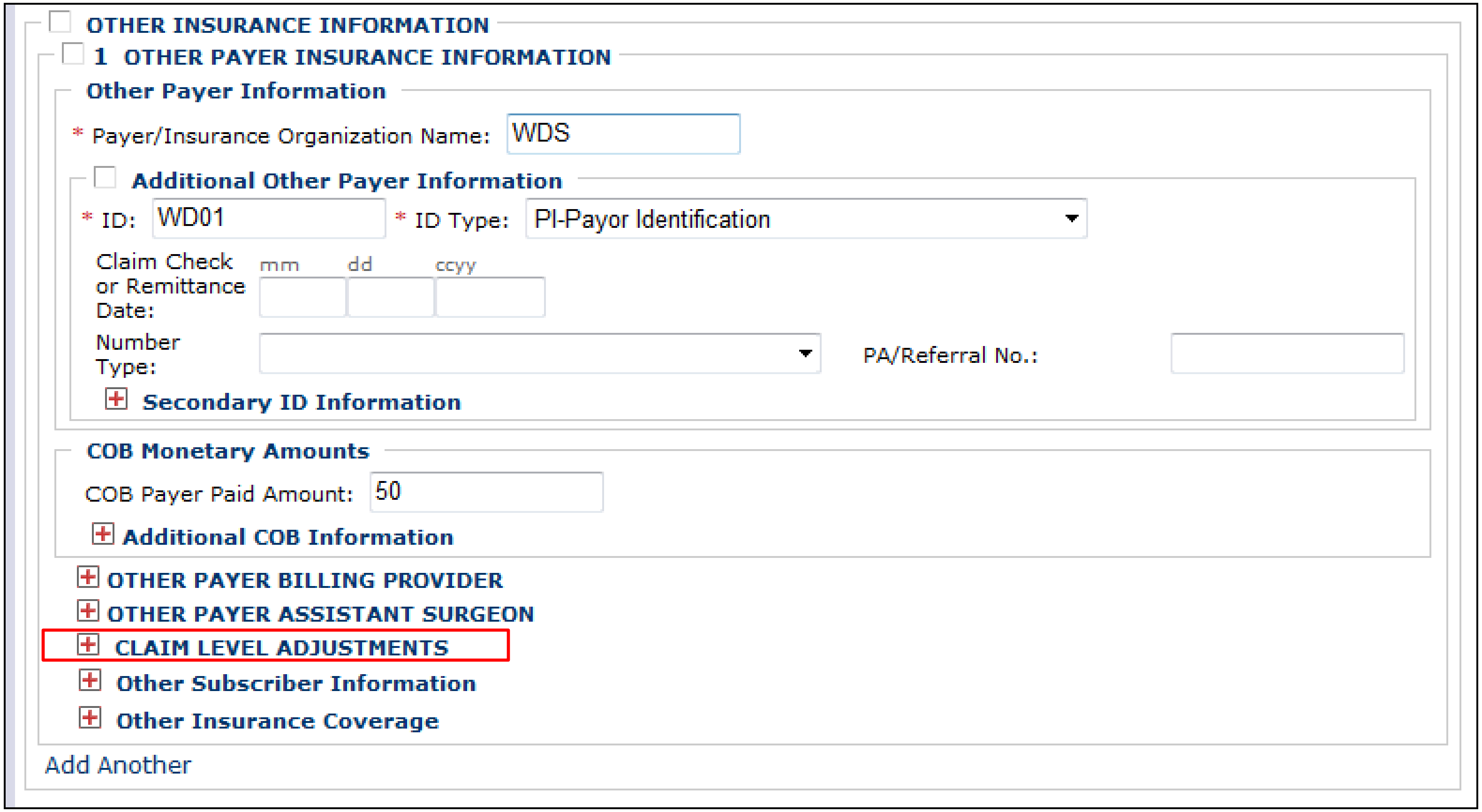


<u>Note</u>: If the insurance applied to the deductible enter a $0 here.

<u>Note</u>: If the claim is for an insurance denial enter a $0 here.

Insurance Other Than Medicaid

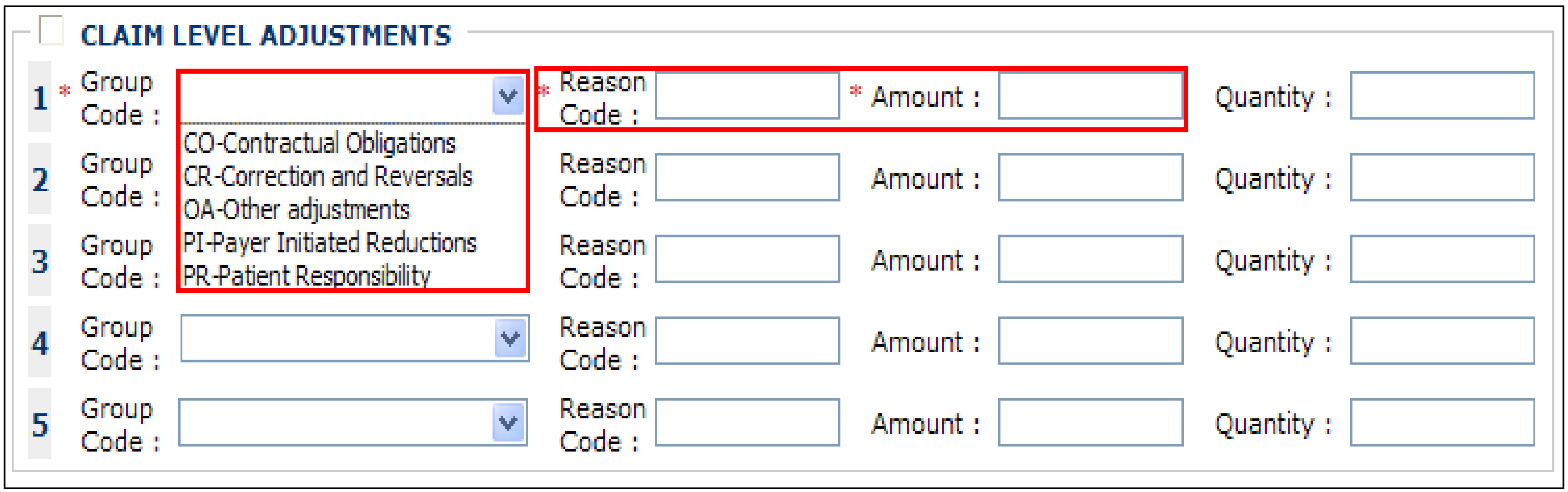
- Click on the red **+** to expand the Claim Level Adjustments section



Washington State Health Care Authority

Insurance Other Than Medicaid

- Enter the adjustment Group Code, Reason Code (Number Only), and Amount

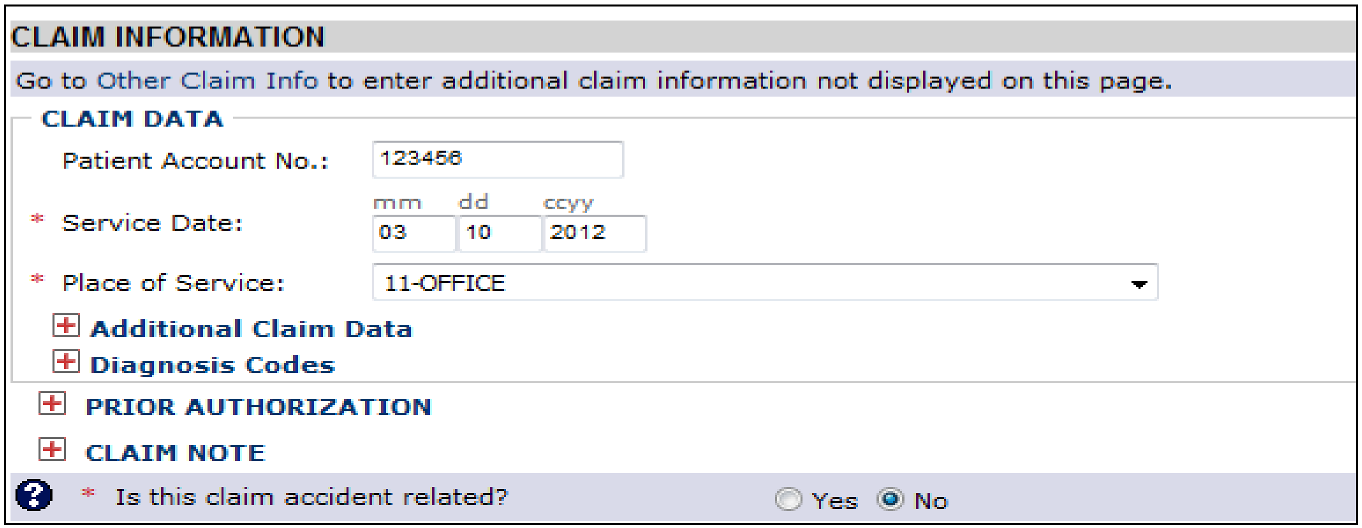


Note: The Agency only accepts the standardized HIPAA compliant group and reason codes. These can be located at the following website: http://www.wpc-edi.com/reference/ .

Washington State Health Care Authority

Claim Information

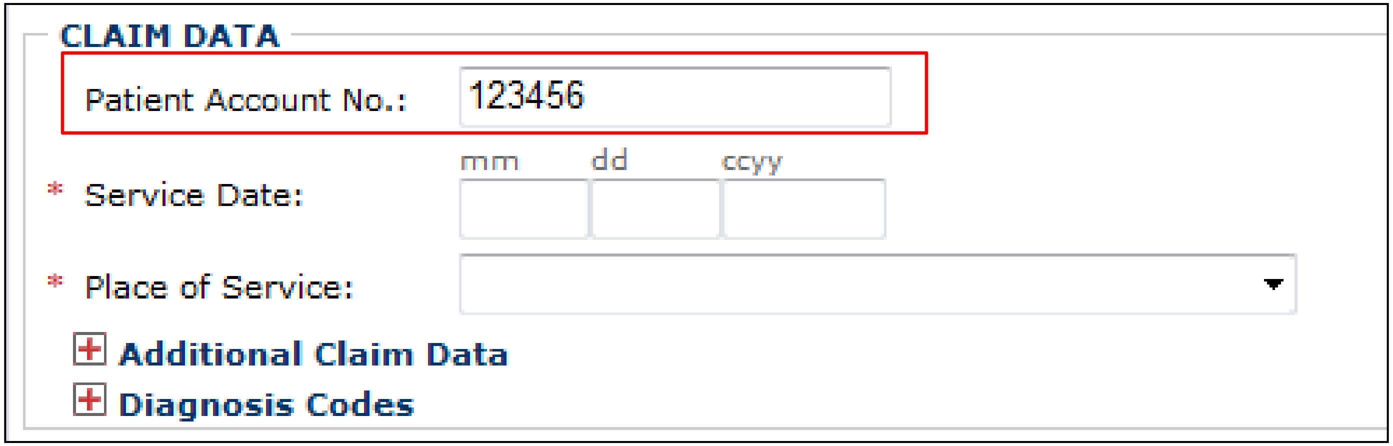
- Section 3: Claim Information Section



Washington State Health Care Authority

Patient Account Number

- The Patient Account No. field allows the provider to enter their internal patient account numbers assigned to the patient by their practice management system.



<u>Note</u>: Entering internal patient account numbers may make it easier to reconcile the weekly remittance and status report (RA) as these numbers will be posted on the RA.

Service Date

- Enter the date of service here. This date will be placed on all lines of the claim.

CLAIM DATA

Patient Account No.:	123456		
	mm	dd	ccyy
* Service Date:	05	01	2014
* Place of Service:			

+ Additional Claim Data

+ Diagnosis Codes

Place of Service

- With 5010 implementation, the Place of Service box has been added to the main claim section. Choose the appropriate **Place of Service** from the drop down.

* Place of Service:	11-OFFICE

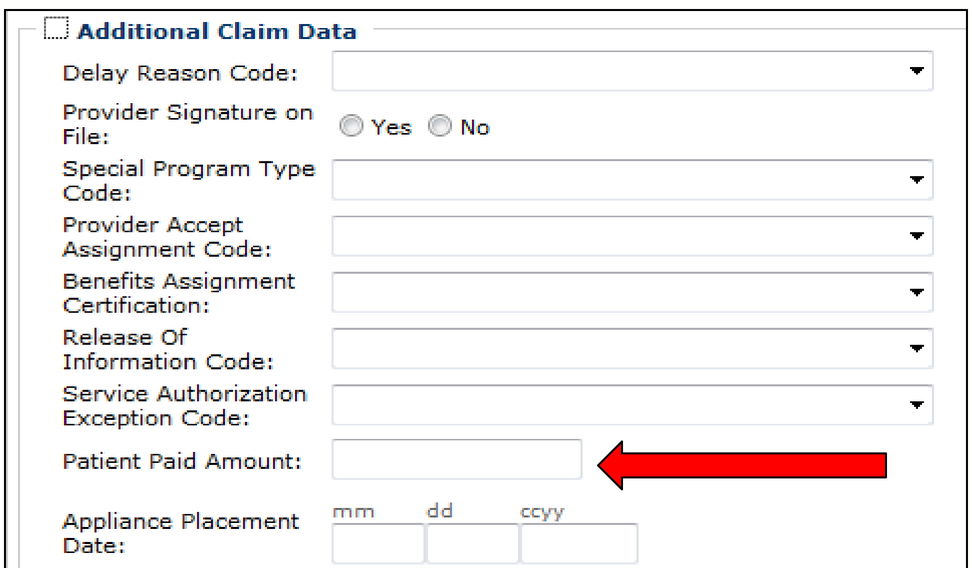
01-PHARMACY	20-URGENT CARE FACILITY	51-INPATIENT PSYCHIATRIC FACILITY
03-SCHOOL	21-INPATIENT HOSPITAL	52-PSYCHIATRIC FACILITY - PARTIAL HOSPITALIZATION
04-HOMELESS SHELTER	22-OUTPATIENT HOSPITAL	53-COMMUNITY MENTAL HEALTH CENTER
05-INDIAN HLTH SVC FREE-STANDING FACILITY	23-EMERGENCY ROOM - HOSPITAL	54-INTERMEDIATE CARE FACILITY (ICF/MR)
06-INDIAN HLTH SVC PROVIDER-BASED FACILITY	24-AMBULATORY SURGICAL CENTER	55-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
07-TRIBAL 638 FREE-STANDING FACILITY	25-BIRTHING CENTER	56-PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
08-TRIBAL 638 PROVIDER-BASED FACILITY	26-MILITARY TREATMENT FACILITY	57-NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
09-PRISON/CORRECTIONAL FACILITY	31-SKILLED NURSING FACILITY (SNF)	60-MASS IMMUNIZATION CENTER
11-OFFICE	32-NURSING FACILITY	61-COMPREHENSIVE INPATIENT REHAB FACILITY
12-Home	33-CUSTODIAL CARE FACILITY	62-COMPREHENSIVE OUTPATIENT REHAB FACILITY
13-ASSISTED LIVING FACILITY	34-Hospice	65-END-STAGE RENAL DISEASE TREATMENT FACILITY
14-Group Home	41-AMBULANCE - LAND	71-PUBLIC HEALTH CLINIC
15-MOBILE UNIT	42-AMBULANCE - AIR OR WATER	72-RURAL HEALTH CLINIC (RHC)
16-TEMPORARY LODGING	49-INDEPENDENT CLINIC	81-INDEPENDENT LABORATORY
17-WALK-IN RETAIL HEALTH CLINIC	50-FEDERALLY QUALIFIED HEALTH CENTER (FQHC)	99-OTHER PLACE OF SERVICE

Note: The Place of Service is required in this section but can still be added to the line level of the claim. Line level is not required.

Additional Claim Data

- The Additional Claim Data red **+** expander will allow the provider to enter the patient's spenddown amount.

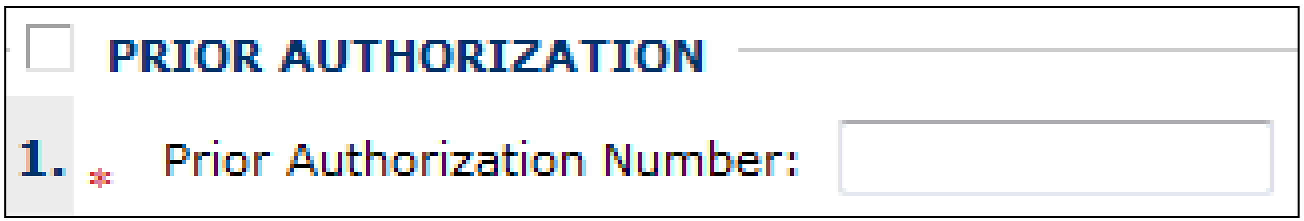
- If patient has a spenddown click on the red **+** expander to display the below image. Enter the spenddown amount in the **Patient Paid Amount** box.



Washington State Health Care Authority

Prior Authorization

- If a Prior Authorization number needs to be added to the claim, click on the red **+** to expand the Prior Authorization fields.
- EPA numbers are considered authorization numbers and should be entered here.

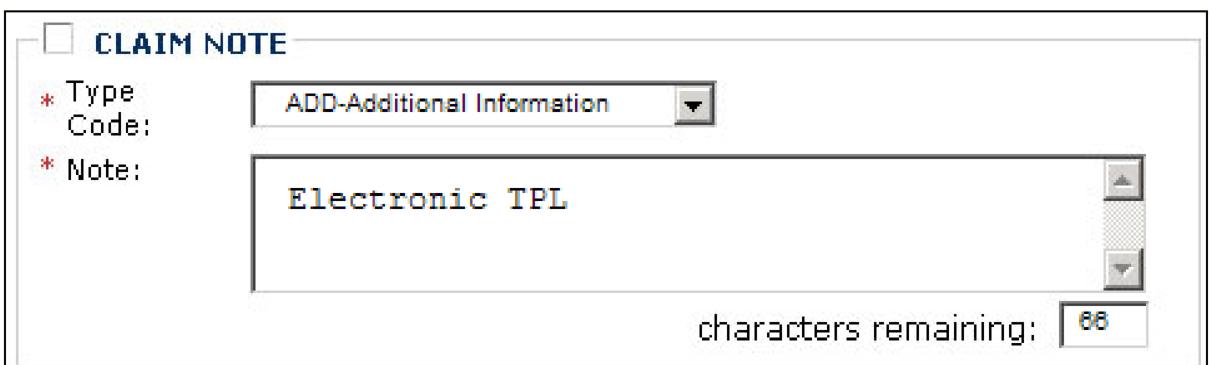


Note: We recommend that providers enter any authorization number in these boxes. Entering the number here will cover the entire claim.

Claim Note

- A note may need to be added to the claim to assist in the processing.

- Click on the red **+** to expand the Claim Note section.
  - ✓ Enter the Type Code **ADD-Additional Information**.
  - ✓ The NOTE must say **Electronic TPL** if no EOB is sent.
  - ✓ The note could say Sending ins. EOB if the EOB is sent.
  - ✓ ProviderOne allows up to 80 characters.



Is the Claim Accident Related?

- This question will almost always be answered **NO** as Washington Medicaid has a specific casualty office that handles claims where another casualty insurance may be primary.

  - ✓ The Casualty office can be reached at 800-562-3022 ext. 15462.

? * Is this claim accident related? ○ Yes ○ No

Basic Service Line Items

- Section 4: Basic Line Item Information

BASIC LINE ITEM INFORMATION

Click on the Other Svc. Info link associated with each added Service Line Item to enter line item information other than that displayed on this page.

BASIC SERVICE LINE ITEMS

* Procedure Code:

* Submitted Charges: $

Place of Service:

Modifiers: 1: 2: 3: 4:

Diagnosis Pointers

Tooth Information

* Procedure Count/Units: (Billing for anesthesia? Please indicate minutes here.)

Service Date: mm dd ccyy (If different from the claim service date)

Appliance Placement Date: mm dd ccyy

Oral Cavity Designation: 1: 2: 3: 4: 5:

Prior Authorization

Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Add Service Line Item | Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: $ 0

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number
			1	2	3	4	1	2	3	4	1	2	3	4	5					

Basic Service Line Items

- Enter the Procedure Code

* Procedure Code:	

Note: Use current codes listed in the coding manuals.

- Enter Submitted Charges

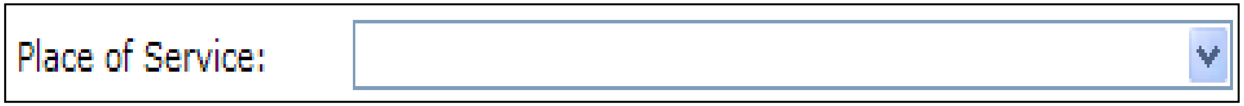
* Submitted Charges: $	

Note: If dollar amount is a whole number no decimal point is needed.

Note: The Agency requests that providers enter their usual and customary charges here. If providers have billed a commercial insurance, please enter the same charges here as billed to the primary. If a provider is billing a service that required prior authorization, please enter the same amount you requested on the authorization because these amounts must match.

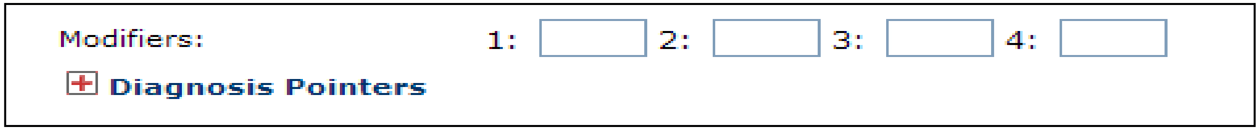
Basic Service Line Items

- Optional - Place of Service Code (not required here as already entered)



- Modifiers are not required on a dental claim

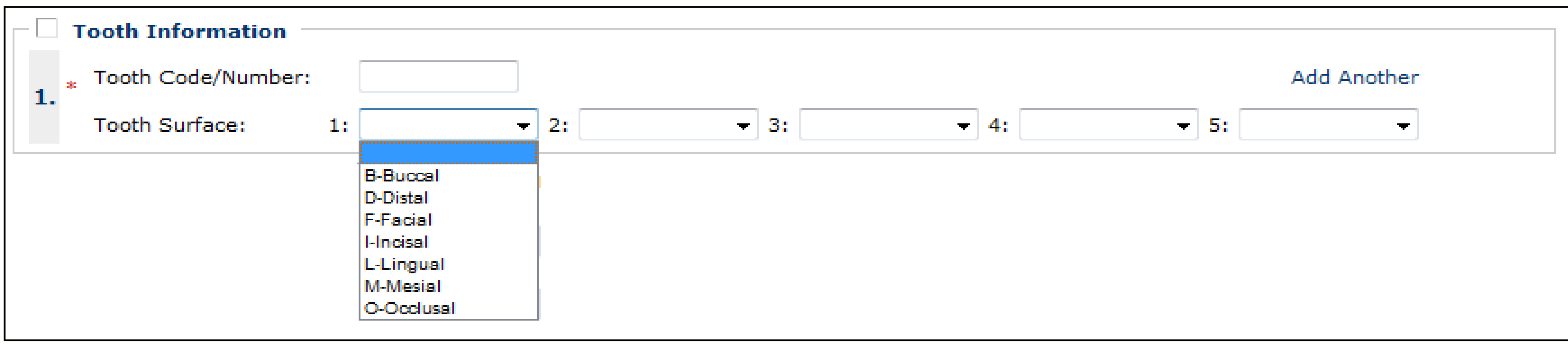
- Diagnoses are not required on a dental claim



Basic Service Line Items

Tooth Information

- If the service requires tooth information, click on the + to expand this section:
  - ✓ Enter the tooth number/letter
  - ✓ Tooth numbers are single digits (unless a supernumerary tooth)
  - ✓ Enter the tooth surface(s) if required

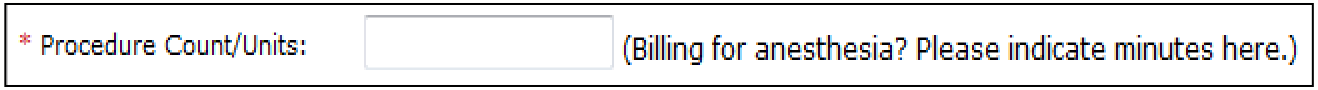


- Only add one tooth per service line!

Washington State Health Care Authority

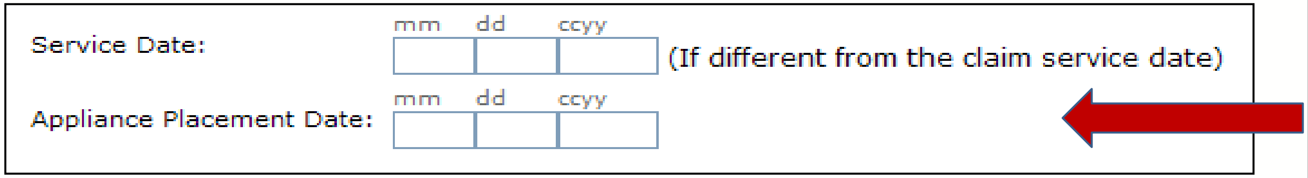
Basic Service Line Items

- Enter procedure Units:
  - ✓ DO NOT enter minutes in this box.



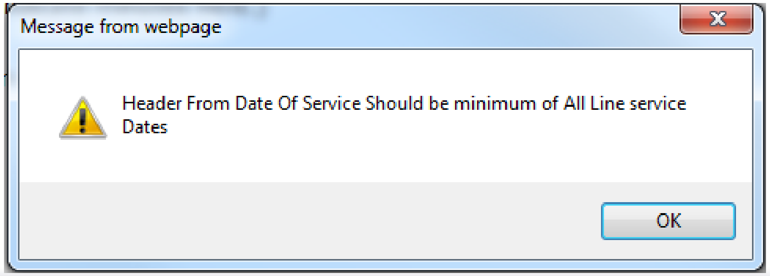
Note: At least 1 unit is required.

- If billing two different dates of service on the same claim, enter the second date here (applied to this line only).



Note: For Orthodontic services enter the banding date here as the Appliance Placement Date.

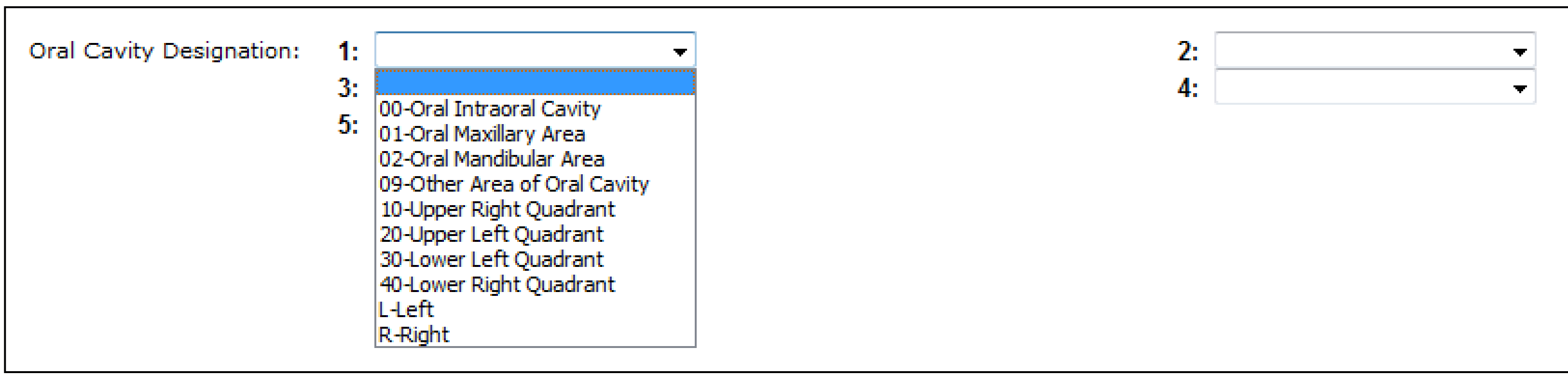
- If the second date entered at the line is before the date entered at the claim level, you will receive the following error:



Washington State Health Care Authority

Basic Service Line Items

- If the service requires a HIPAA oral area designation:
  - ✓ Click on the appropriate **Arch designation**; or
  - ✓ Click on the appropriate **Quadrant designation**.



- Only indicate one oral area per service line.

Basic Service Line Items

- If a Prior Authorization number needs to be added to a line level service, click on the red **+** to expand the Prior Authorization.

+ Prior Authorization

<u>Note</u>: If a Prior Authorization number was entered previously on the claim it is not necessary to enter it again here.

- The Additional Service Line Information is not needed for claims submission.

+ Additional Service Line Information

Add Service Line Items

- Click on the **Add Service Line Item** button to list the procedure line on the claim.

Add Service Line Item | Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: $ 50.00

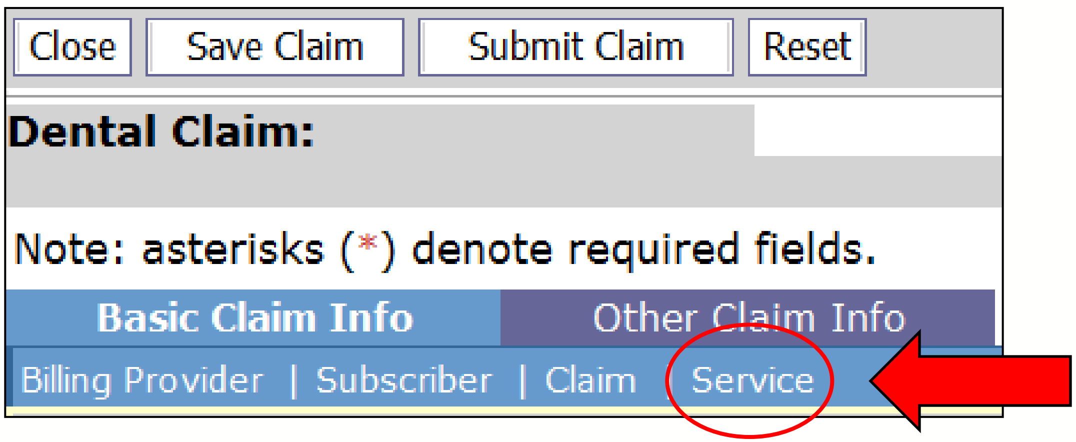
Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	1	2	3	4	5						
1	D0150	50														1					Delete or Other Service Info

Note: Please ensure all necessary claim information has been entered before clicking the Add Service Line Item button to add the service line to the claim.

Note: Once the procedure line item is added, ProviderOne will refresh and return to the top of the claim form.

Add Additional Service Line Items

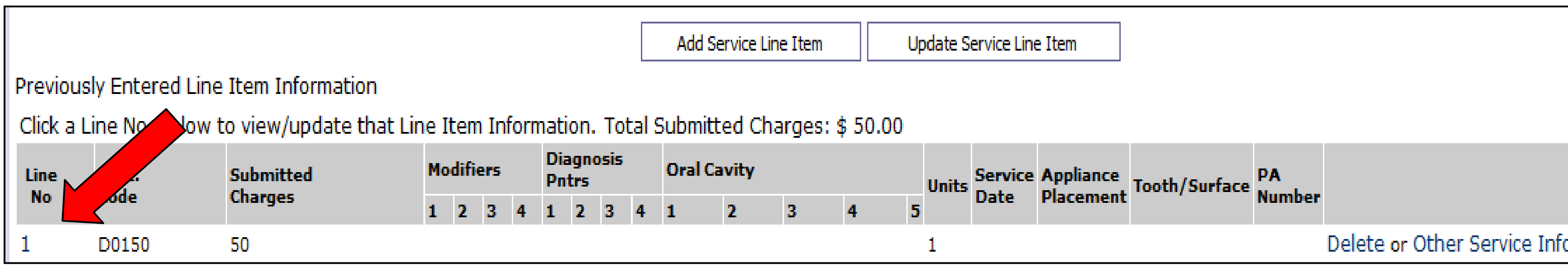
- If additional service lines need to be added, click on the **Service** hyperlink to get quickly back to the Basic Service Line Items section.



- Follow the same procedure as outlined above for entering data for each line.

Update Service Line Items

- Update a previously added service line item by clicking on the **line number** of the line that needs to be updated. This will re-populate the service line item boxes for changes to be made.



<u>Note</u>: Once the line number is chosen, ProviderOne will refresh screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item boxes and make corrections.

Washington State Health Care Authority

Update Service Line Items

- Once the service line is corrected, click on the **Update Service Line Item** button to add corrected information on the claim.

Add Service Line Item | Update Service Line Item

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: $ 50.00

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Surface	PA Number	
			1	2	3	4	1	2	3	4	1	2	3	4	5						
1	D0150	50														1					Delete or Other Service Info

<u>Note</u>: Once the Update Service Line Item button is chosen, ProviderOne will refresh screen and return to the top of the claim form. Use the **Service** hyperlink to quickly return to the service line item section to view and verify that changes were completed.

Washington State Health Care Authority

Delete Service Line Items

- A service line can easily be deleted from the claim before submission by clicking on the **Delete** option at the end of the added service line.

Add Service Line Item | Update Service Line Item

Previously Entered Line Item Information

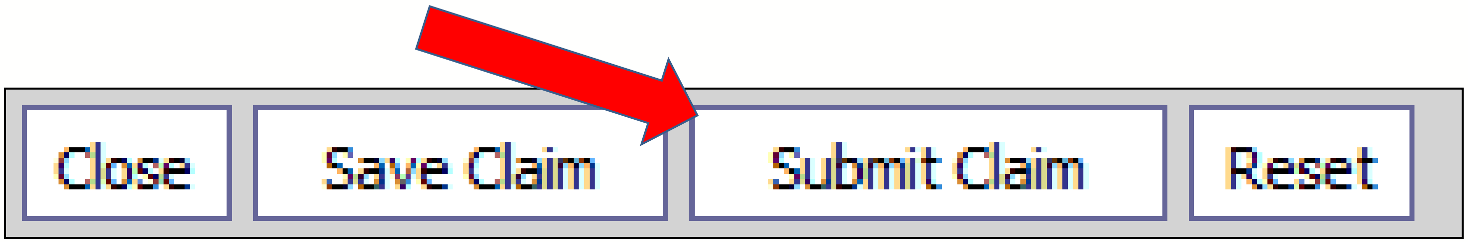
Click a Line No. below to view/update that Line Item Information. Total Submitted Charges: $ 50.00

Line No	Proc. Code	Submitted Charges	Modifiers				Diagnosis Pntrs				Oral Cavity					Units	Service Date	Appliance Placement	Tooth/Sur	PA mber	
			1	2	3	4	1	2	3	4	1	2	3	4	5						
1	D0150	50														1					Delete or Other Service Info

<u>Note</u>: Once the service line item is deleted it will be permanently removed from the claim. If the service line was accidently deleted, the provider will need to re-enter the information following previous instructions.

Submit Claim for Processing

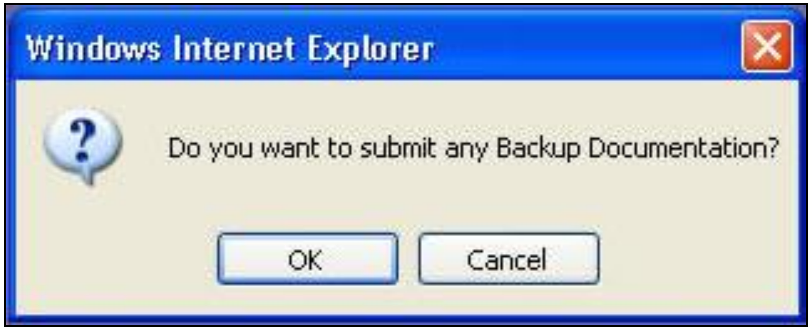
- When the claim is ready for processing, click the **Submit Claim** button at the top of the claim form.



<u>Note</u>: Make sure the browser **Pop Up Blocker** is off or your system will not allow the claim to be submitted.

Submit Claim for Processing

- Click on the Submit Claim button to submit the claim. ProviderOne should then display this prompt:

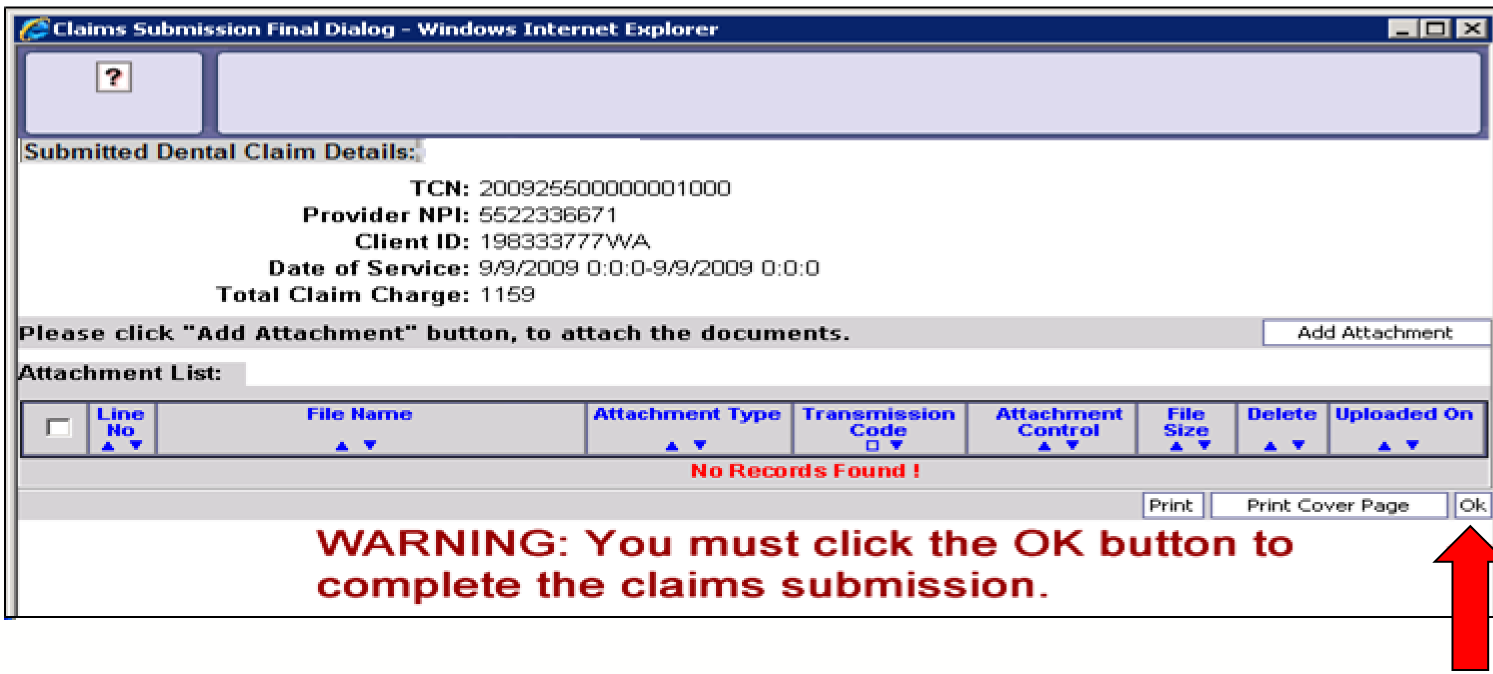


- Click on the **Cancel** button if no backup is to be sent.
- Click on the **OK** button if backup needs to be attached.

Note: If all insurance information has been entered on the claim, it is not necessary to send the insurance EOB with the claim.

Submit Claim for Processing – No Backup

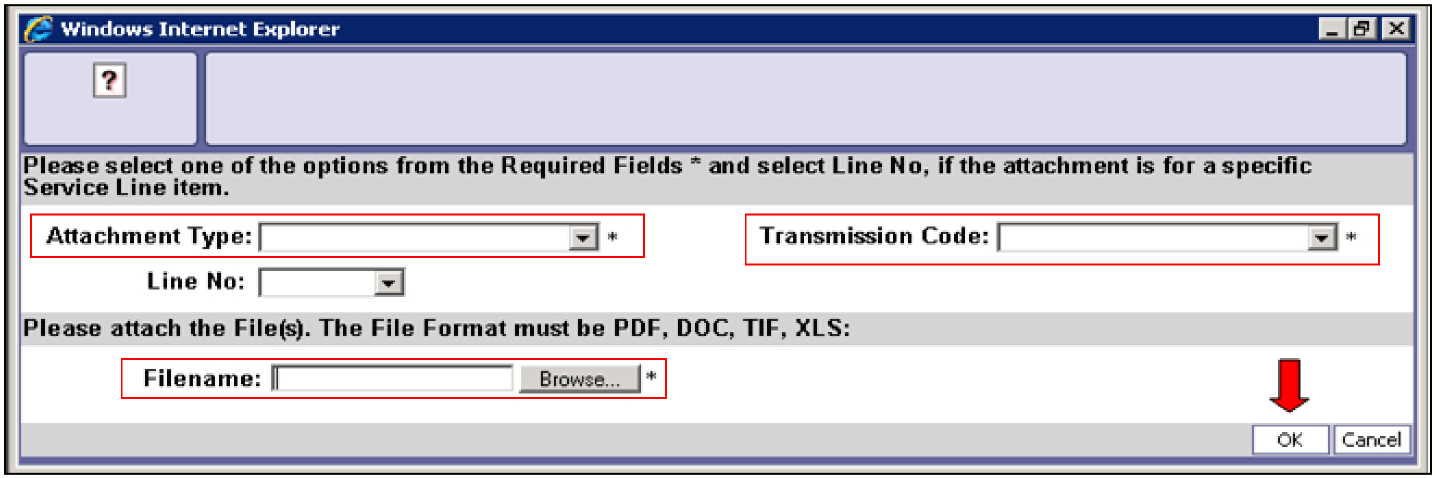
- ProviderOne now displays the Submitted Dental Claim Detail screen.
- Click on the **OK** button to finish submitting the claim!



Washington State Health Care Authority

Submit Claim for Processing – With Backup (Electronic File Attached)

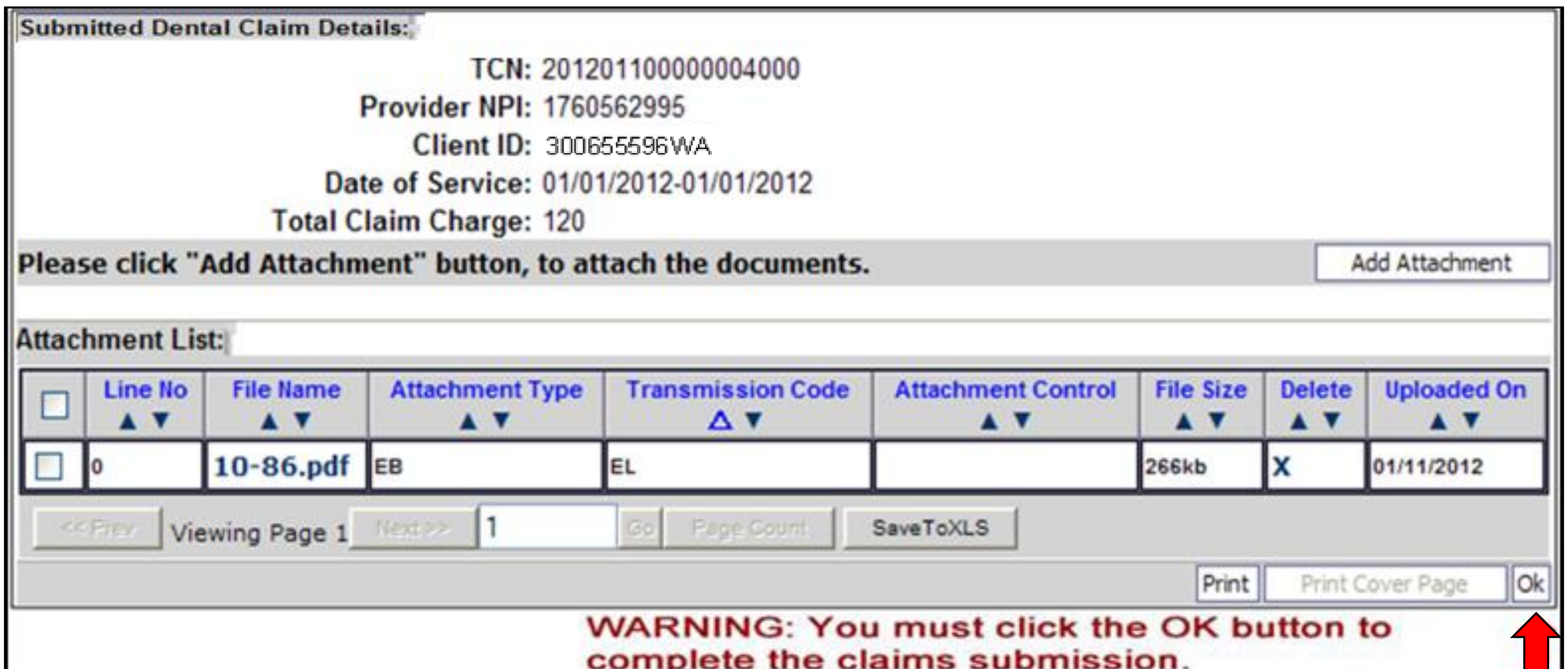
- The Claim's Backup Documentation page is displayed.



- ✓ Enter the **Attachment Type**
- ✓ Pick one of the following Transmission Codes:
  - **EL**- Electronic Only or Electronic file
  - Browse to find the file name
- ✓ Click the **OK** button

Submit Claim for Processing – With Backup (Electronic File Attached)

- The Submitted Dental Claim Details page is then displayed.


Submitted Dental Claim Details:

TCN: 201201100000004000
Provider NPI: 1760562995
Client ID: 300655596WA
Date of Service: 01/01/2012-01/01/2012
Total Claim Charge: 120

Please click "Add Attachment" button, to attach the documents. Add Attachment

Attachment List:

	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
	0	10-86.pdf	EB	EL		266kb	X	01/11/2012

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Print Print Cover Page Ok

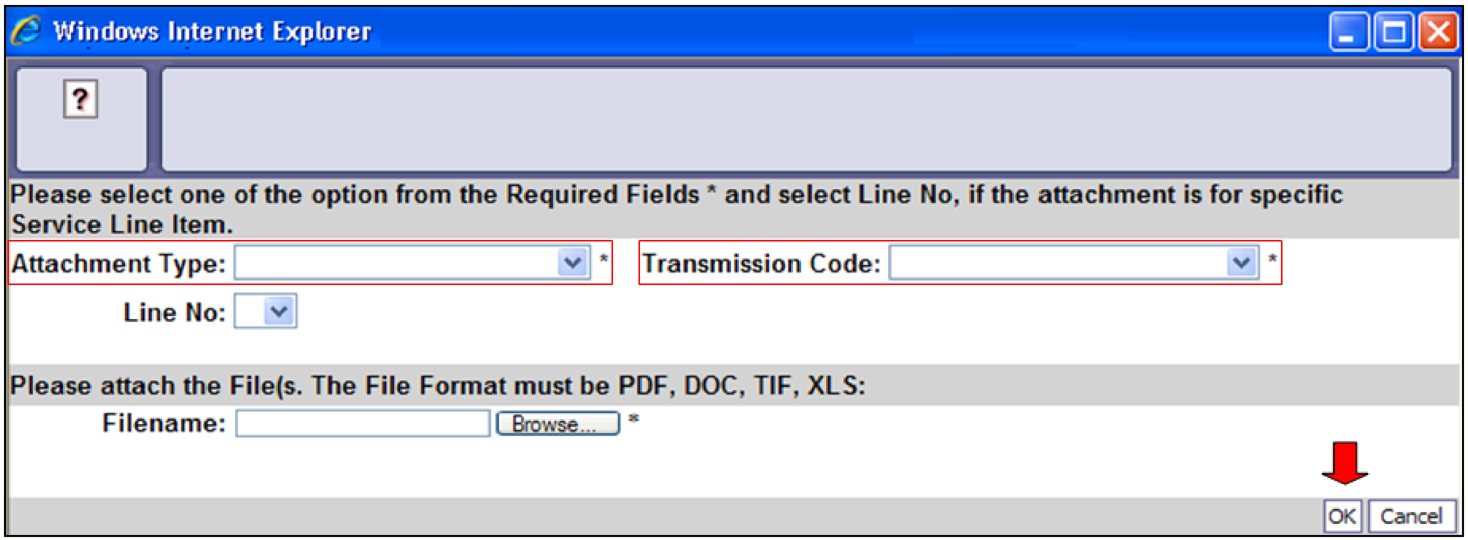
WARNING: You must click the OK button to complete the claims submission.

- Click the **OK** button to submit the claim!

Washington State Health Care Authority

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

➢ The Claims Backup Documentation page is displayed.



- ✓ Enter the **Attachment Type**
- ✓ Pick one of the following Transmission Codes:
  - **BM** - By Mail; or
  - **FX** - Fax
- ✓ Click the **OK** button

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- If sending paper documents with the claim, at the Submitted Dental Claim Details page, click on the **Print cover Page** button.

Submitted Dental Claim Details:

TCN: 201127300000014000
Provider NPI: 1342222999
Client ID: 300655596WA
Date of Service: 10/20/2010-10/20/2010
Total Claim Charge: 75

Please click "Add Attachment" button, to attach the documents. Add Attachment

Attachment List:

☐	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
☐	0	BM	EB	BM		0kb	X	09/30/2011

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Print Print Cover Page Ok

Washington State Health Care Authority

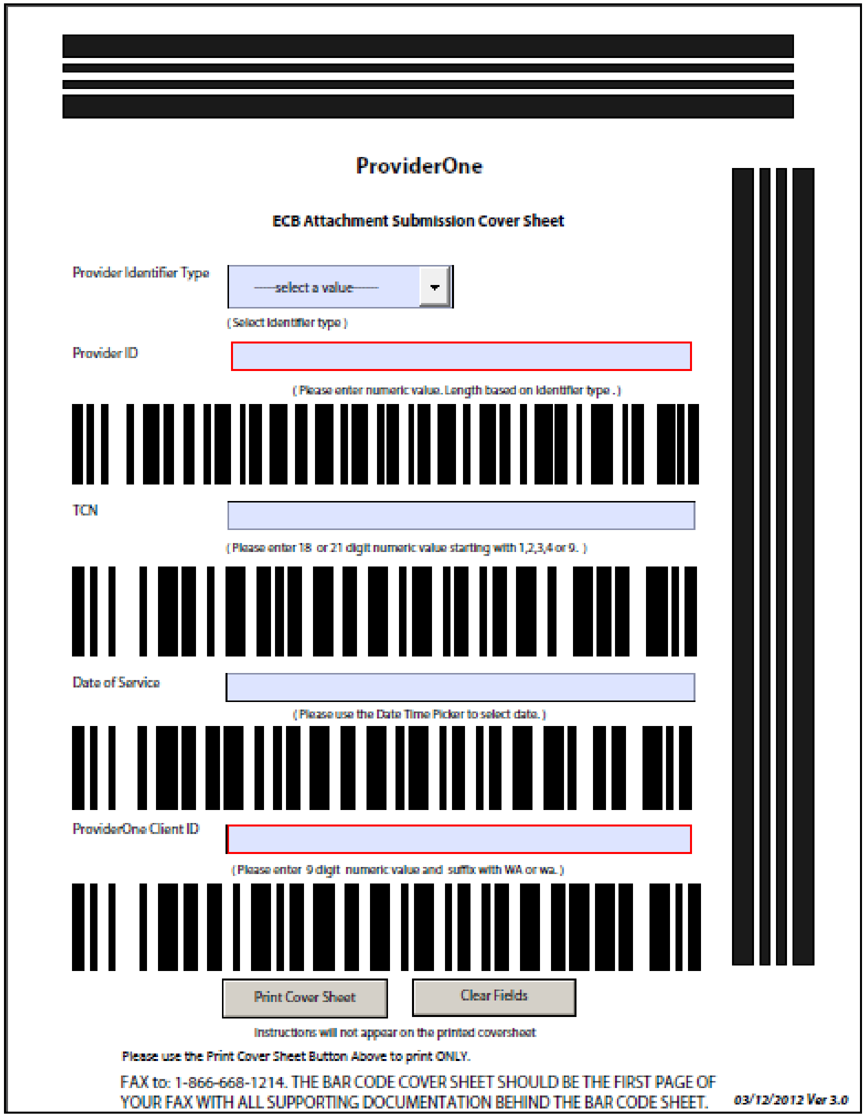
Submit Claim for Processing – With Backup

- Fill in the boxes with the appropriate information
  - ✓ Tab between fields
  - ✓ Expands the bar code
- When completed click on the **Print Cover Sheet** button and mail to:

  Electronic Claim Back-up
  Documentation
  PO BOX 45535
  Olympia, WA 98504-5535

  OR

  Fax: 1-866-668-1214



ProviderOne

ECB Attachment Submission Cover Sheet

Provider Identifier Type ----select a value----
(Select Identifier type)

Provider ID
(Please enter numeric value. Length based on identifier type.)

TCN
(Please enter 18 or 21 digit numeric value starting with 1,2,3,4 or 9.)

Date of Service
(Please use the Date Time Picker to select date.)

ProviderOne Client ID
(Please enter 9 digit numeric value and suffix with WA or wa.)

Print Cover Sheet | Clear Fields

Instructions will not appear on the printed coversheet

Please use the Print Cover Sheet Button Above to print ONLY.

FAX to: 1-866-668-1214. THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.

03/12/2012 Ver 3.0

Washington State Health Care Authority

Submit Claim for Processing – With Backup (Mailing or Faxing Backup)

- Now push the **OK** button to submit the claim!

Submitted Dental Claim Details:

TCN: 201127300000014000
Provider NPI: 1342222999
Client ID: 300655596WA
Date of Service: 10/20/2010-10/20/2010
Total Claim Charge: 75

Please click "Add Attachment" button, to attach the documents. Add Attachment

Attachment List:

☐	Line No	File Name	Attachment Type	Transmission Code	Attachment Control	File Size	Delete	Uploaded On
☐	0	BM	EB	BM		0kb	X	09/30/2011

<< Prev Viewing Page 1 Next >> 1 Go Page Count SaveToXLS

Print Print Cover Page Ok

WARNING: You must click the OK button to complete the claims submission.

Washington State Health Care Authority

Saving and Retrieving a Direct Data Entry Claim

Saving a Direct Data Entry Claim

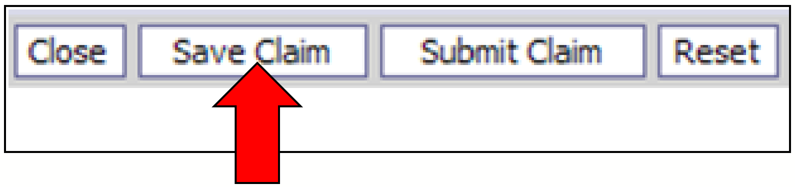
- ProviderOne now allows a provider to save a claim if the provider is interrupted during the process of entering.
- Provider retrieves the saved claim to finish it and submit the claim.
- The following data elements are the <u>minimum required</u> to be completed before a claim can be saved:

Section 1: Billing Provider Information	Section 2: Subscriber/Client Information	Section 3: Claim Information
Billing Provider NPI	Client ID number	Is this claim accident related?
Billing Provider Taxonomy		
Is the Billing Provider also the Rendering Provider?		

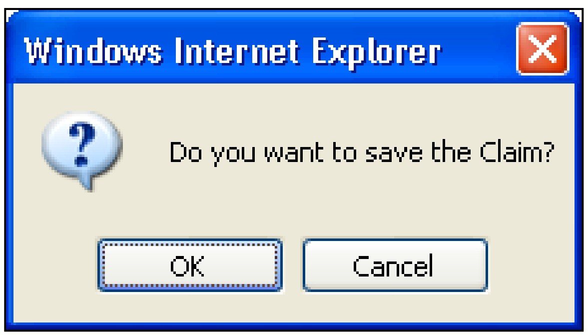
Washington State Health Care Authority

Saving a Direct Data Entry Claim

- Save the claim by clicking on the **Save Claim** button.



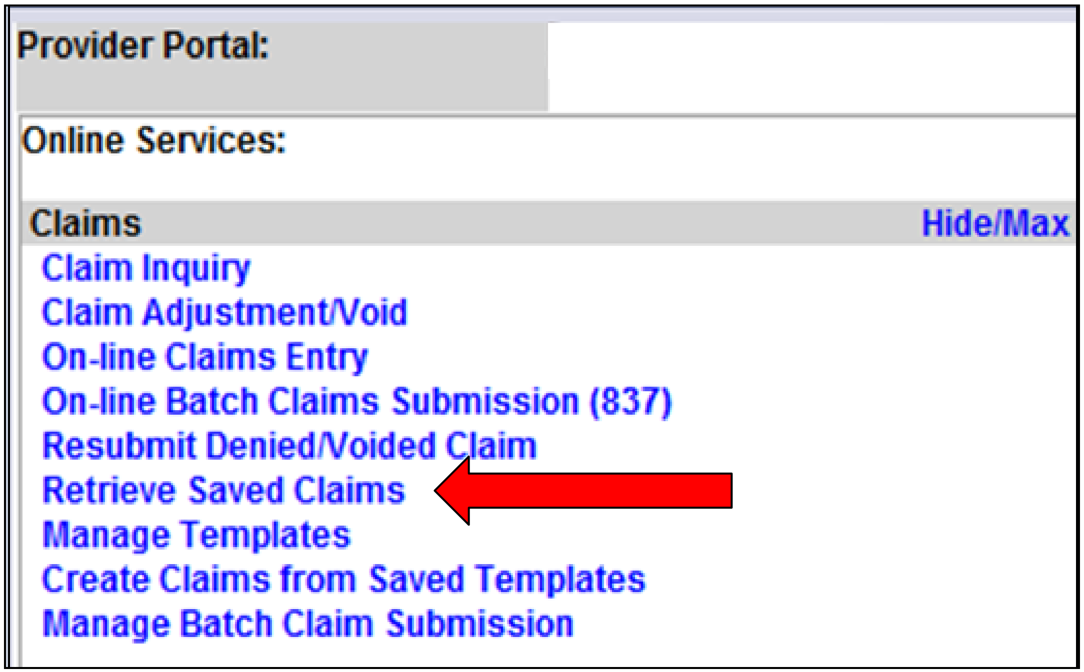
- ProviderOne now displays the following confirmation box:



- Click the **OK** button to proceed or **Cancel** to return to the claim form.
- Once the **OK** button is clicked, ProviderOne checks the claim to make sure the minimum data fields are completed.
- If all data fields are completed, ProviderOne saves the claim and closes the claim form.

Retrieving a saved Direct Data Entry Claim

- At the Provider Portal, click on the **Retrieve Saved Claims** hyperlink.



Retrieving a Saved Direct Data Entry Claim

- ProviderOne displays the Saved Claims List.
  - Click on the “Link” Icon to retrieve a claim.

Close Delete

Saved Claims List:

Filter By : **And** Go

	Link	Billing Provider NPI	Client ID	Client Last Name	User Login ID
☐	▶	552233661	198333777WA		BettyB
☐	▶	552233661	198333666WA	Rogers	BobS

<< Prev Viewing Page 1 Next >> 3 Go Page Count SaveToXLS

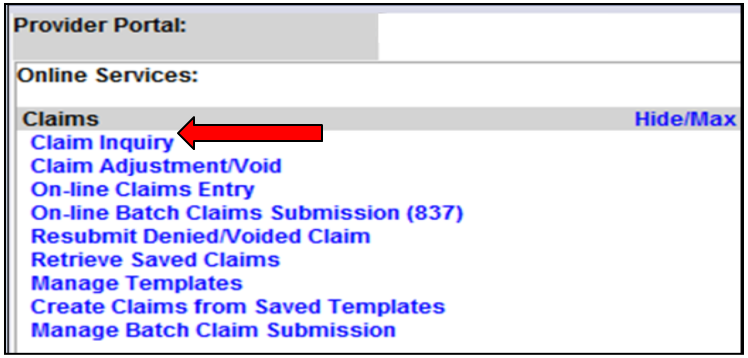
- The system loads the saved claim in the correct DDE claim form screen. Continue to enter data, then submit the claim.

- Once a saved claim has been retrieved and submitted, it will be removed from the Saved Claim List.

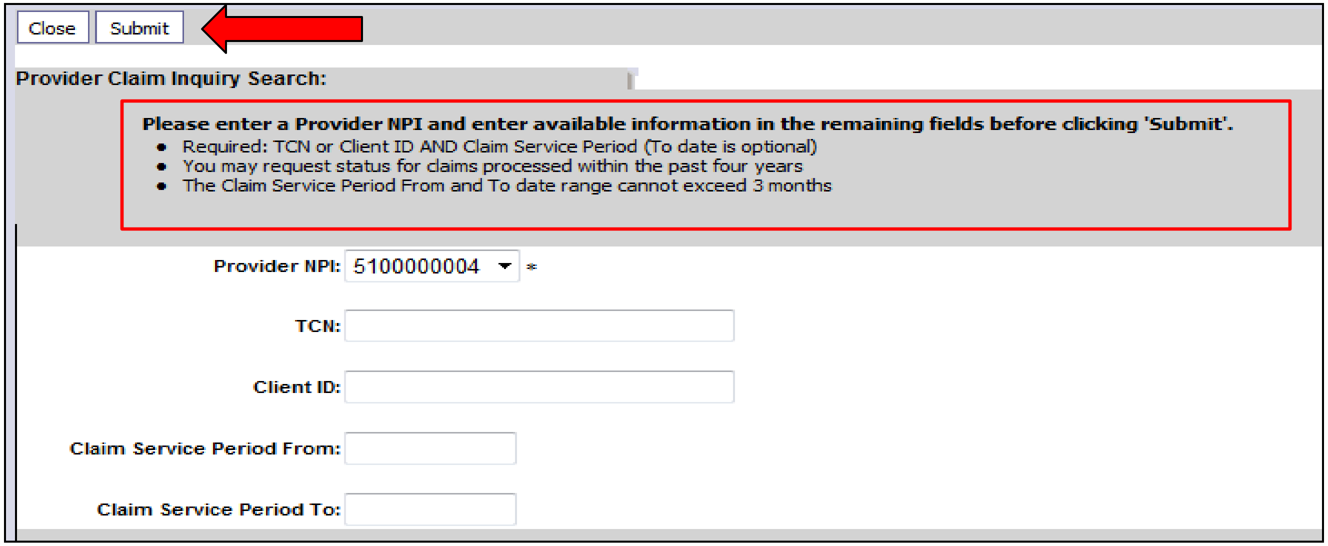
Claim Inquiry

Claim Inquiry

- How do I find claims in ProviderOne?
  - ✓ **Claim Inquiry**



- Enter search data then submit



Claim Inquiry

- Claim TCN's returned
  - ✓ Click on TCN number to view the claim data.
    - Denied claims will show the denial codes.
    - Easiest way to find a timely TCN number for re-bills.

Claim Inquiry Providers List:

☐	TCN	Date of Service	Claim Status	Claim Charged Amount
☐	1030200005720000	10/14/2010	0: Cannot provide further status electronically.	$888.00
☐	1101100018152000	10/14/2010	0: Cannot provide further status electronically.	$888.00
☐	1105400007698000	10/14/2010	0: Cannot provide further status electronically.	$750.00
☐	1106100031712000	10/14/2010	0: Cannot provide further status electronically.	$750.00
☐	1106600001668000	10/14/2010	1: For more detailed information, see remittance advice.	$750.00
☐	1106600003011000	10/14/2010	0: Cannot provide further status electronically.	$750.00
☐	1107500035007000	10/14/2010	0: Cannot provide further status electronically.	$750.00
☐	1108200019887000	10/14/2010	0: Cannot provide further status electronically.	$750.00
☐	1113600005638000	10/14/2010	0: Cannot provide further status electronically.	$750.00
☐	1114400017409000	10/14/2010	1: For more detailed information, see remittance advice.	$750.00

<< Prev | Viewing Page 1 | Next >> | 2 | Go | Page Count = 2 | SaveToXLS

Why can't I pull up my claim?

- There are many reasons why you might not be able to retrieve a claim (for any system functions):
  - It has been Adjusted, you can't retrieve a claim that has already been Adjusted
  - It has been replaced by another claim
  - It hasn't finished processing
  - It was billed under a different domain
  - You could be using the wrong profile
  - Trying to do a Resubmit on a paid claim or an Adjustment on a denied claim
  - Claims billed with an NPI not reported in ProviderOne
  - Claims billed with an ID only rendering provider NPI number as the pay-to provider

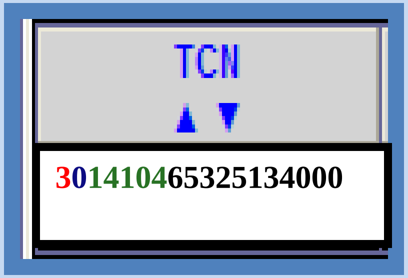
Timely Billing

Timely Billing

- What are the Agency's timeliness guidelines?
  - The initial billing must occur within 365 days from the date of service on the claim.
  - Providers are allowed 2 years in total to get a claim paid or adjusted.
  - For Delayed Certification client eligibility the Agency allows 12 months from the Delayed Cert date to bill.
  - Recoupments from other payer's-timeliness starts from the date of the recoupment, not the date of service.
  - The Agency uses the Julian calendar for dates.

What is a TCN?

TCN=Transaction Control Number



18 digit number that ProviderOne assigns to each claim received for processing. TCN numbers are never repeated.

Washington State Health Care Authority

How do I read a TCN?

1st digit-Claim Medium Indicator

- 1-paper
- 2-Direct Data Entry
- 3-electronic, batch submission
- 4-system generated (Credits/Adjustment)

2nd digit-Type of Claim

- 0-Medical/Dental
- 2-Crossover or Medical

3rd thru 7th digits-Date Claim was Received

- 3rd and 4th digits are the year
- 5th, 6th and 7th digits are the day it was received

Example TCN:
301410465325134000

3	**Electronic submission via batch**
0	**Medical claim**
14	**Year claim was received-2014**
104	**Day claim was received-April 14**

Washington State Health Care Authority

How do I prove timeliness?

- HIPAA batch transaction
  - Enter the timely TCN in the claim note, Loop 2300, segment NTE02=TCN

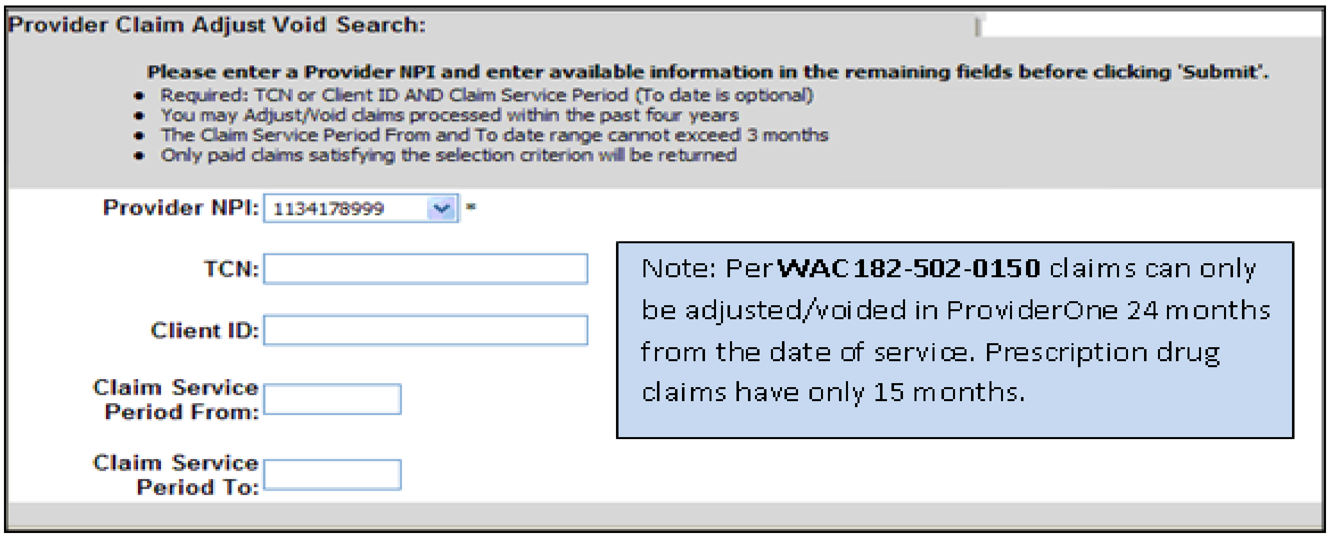
- Direct Data Entry (DDE) Claims
  - Resubmit Original Denied/Voided Claim; or
  - Enter timely TCN in the Claim Note

- Paper billing – ADA form
  - Enter timely TCN in box 35

Adjust / Void a Claim

Adjust/Void a Paid Claim

- Select **Claim Adjustment/Void** from the Provider Portal.


Provider Claim Adjust Void Search:

Please enter a Provider NPI and enter available information in the remaining fields before clicking 'Submit'.

- Required: TCN or Client ID AND Claim Service Period (To date is optional)
- You may Adjust/Void claims processed within the past four years
- The Claim Service Period From and To date range cannot exceed 3 months
- Only paid claims satisfying the selection criterion will be returned

Provider NPI: 1134178999 *

TCN:

Client ID:

Claim Service Period From:

Claim Service Period To:

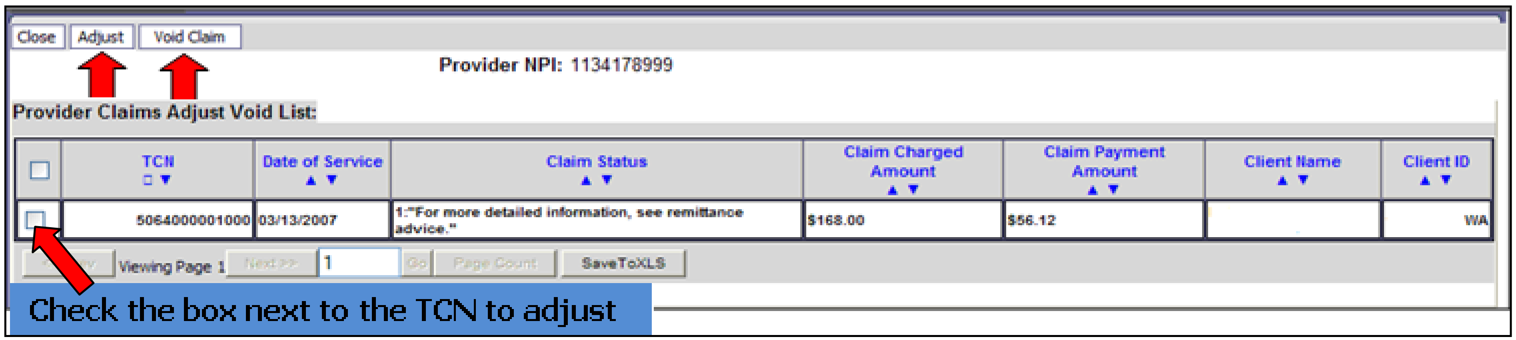
Note: Per **WAC 182-502-0150** claims can only be adjusted/voided in ProviderOne 24 months from the date of service. Prescription drug claims have only 15 months.

- Enter the **TCN** number if known; or
- Enter the **Client ID**, and the **From-To date** of service.

Washington State Health Care Authority

Adjust/Void a Paid Claim

- The system will display the paid claim(s) based on the search criteria.



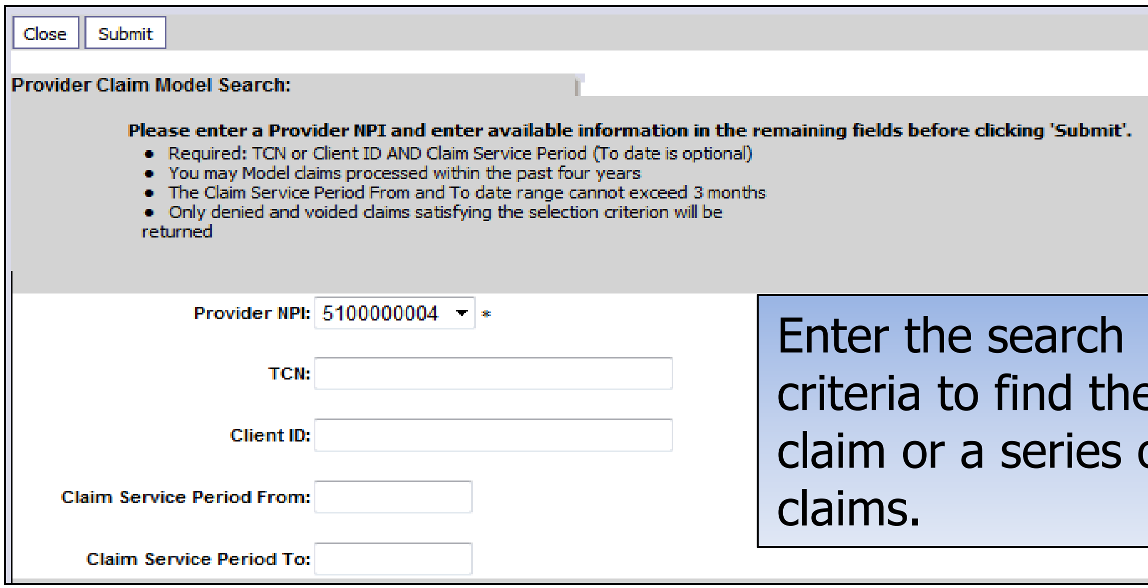
- Check the box of the TCN to adjust/void.
- ProviderOne loads the DDE screen with the claim data.
  - Update the claim information to adjust, then submit.
  - Claim data cannot be changed when doing a void, just submit the void.

Washington State Health Care Authority

Resubmit Denied Claims

Resubmit a Denied Claim

- Select **Resubmit Denied/Voided** Claim from the Provider Portal.

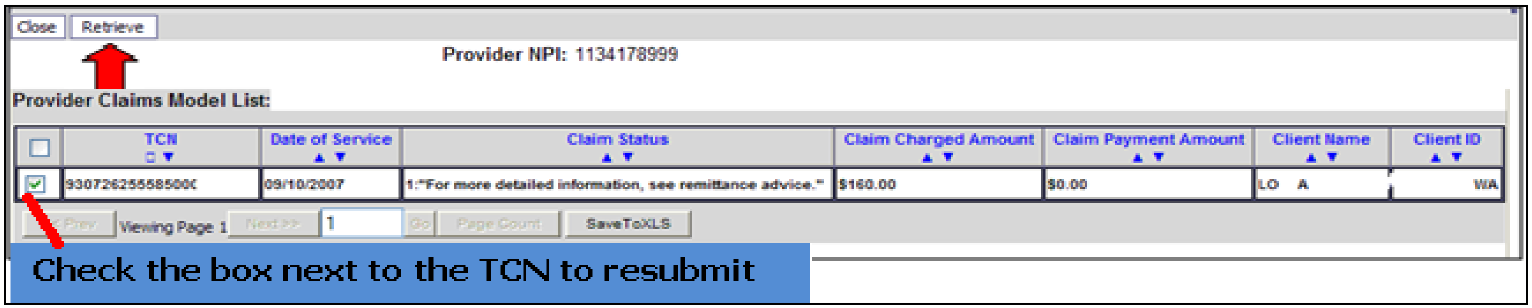


Enter the search criteria to find the claim or a series of claims.

- A TCN will bring up only one claim.
- Enter the **Client ID** and the **From-To dates** of service to find all claims billed with these dates.

Resubmit a Denied Claim

- The system will display the claim(s) based on the search criteria.

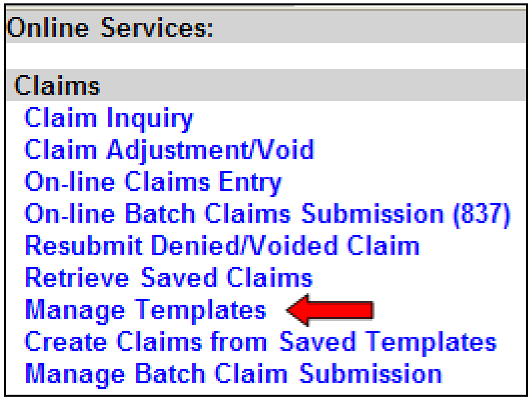


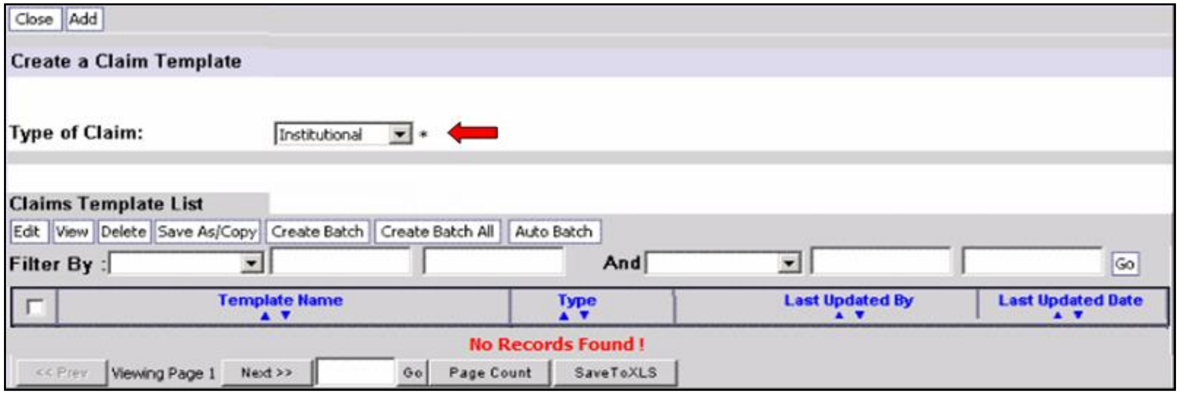
- Check the box of the TCN to resubmit.
- ProviderOne loads the DDE screen with the claim data.
  - ✓ Update the claim information that caused the claim to deny, then submit.

Templates

Creating a Claim Template

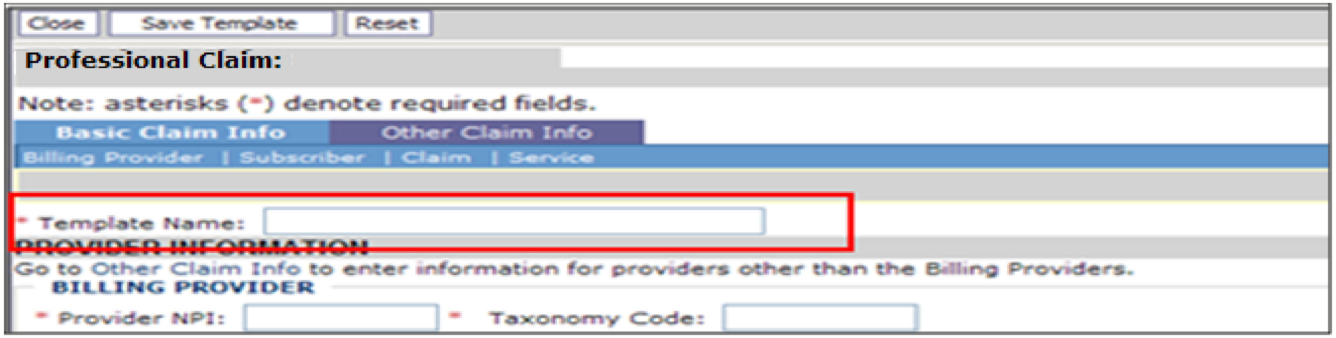
- ProviderOne allows creating and saving templates.
  - ✓ Log into ProviderOne
  - ✓ Click on the **Manage Templates** hyperlink
  - ✓ At the Create a Claim Template screen, click the **Type of Claim** Option
  - ✓ Click the **Add** button



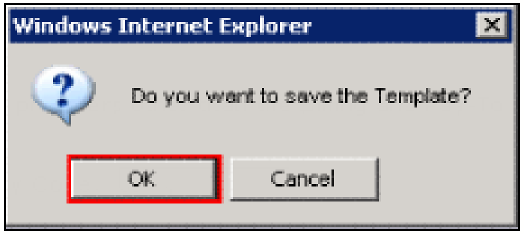


Creating a Claim Template

- Once a template type is picked the system opens the DDE screen.



- Name the template then fill in as much data as wanted on the template.
- Click on the **Save Template** button and the system verifies you are saving the template.

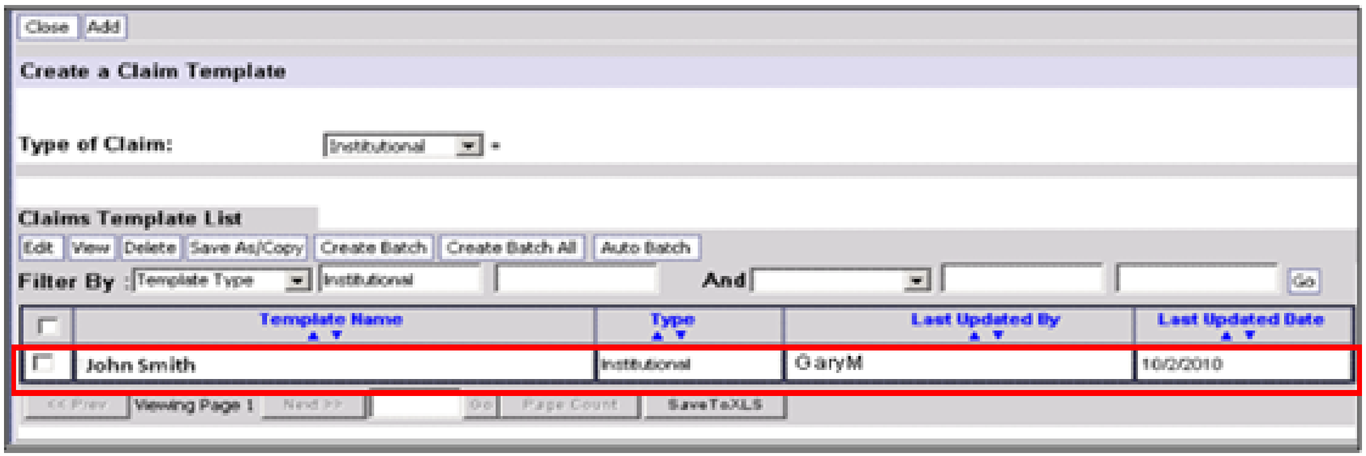


<u>Note</u>: The minimum information required to save a template is the Template Name and answer required questions.

Washington State Health Care Authority

Creating a Claim Template

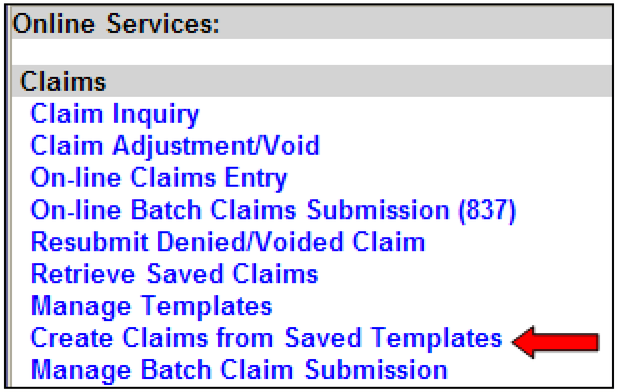
- After the template is saved it is listed on the Claims Template List

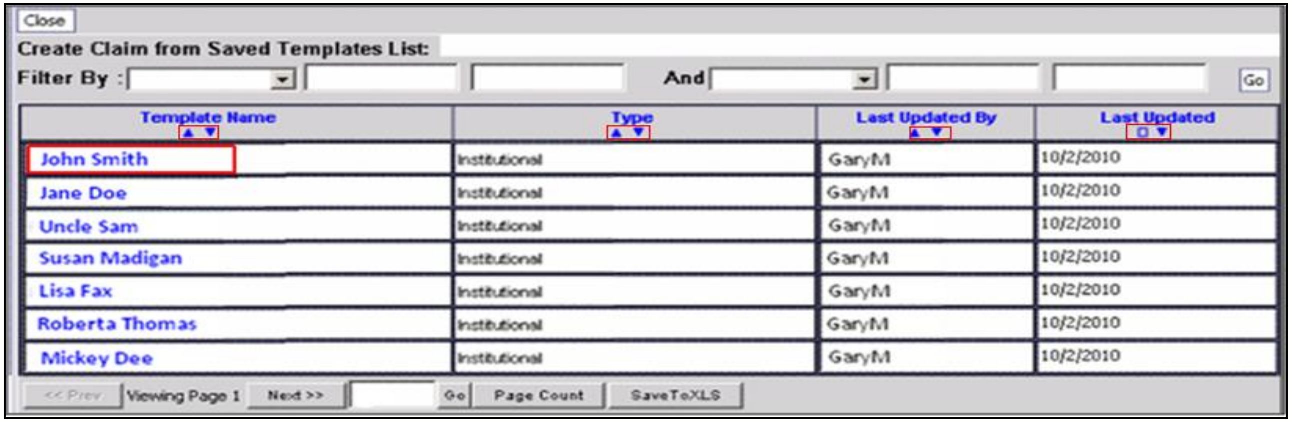


- Additional templates can be created by:
  - ✓ Copying a template on the list; or
  - ✓ Creating another from scratch.
- Templates can be edited, viewed, and deleted.

Submitting a Template Claim

- Claims can be submitted from a Template
  - ✓ Log into ProviderOne
  - ✓ Click on the **Create Claims from Saved Templates**
  - ✓ At the Saved Template List find the template to use (sort using the sort tools outlined).

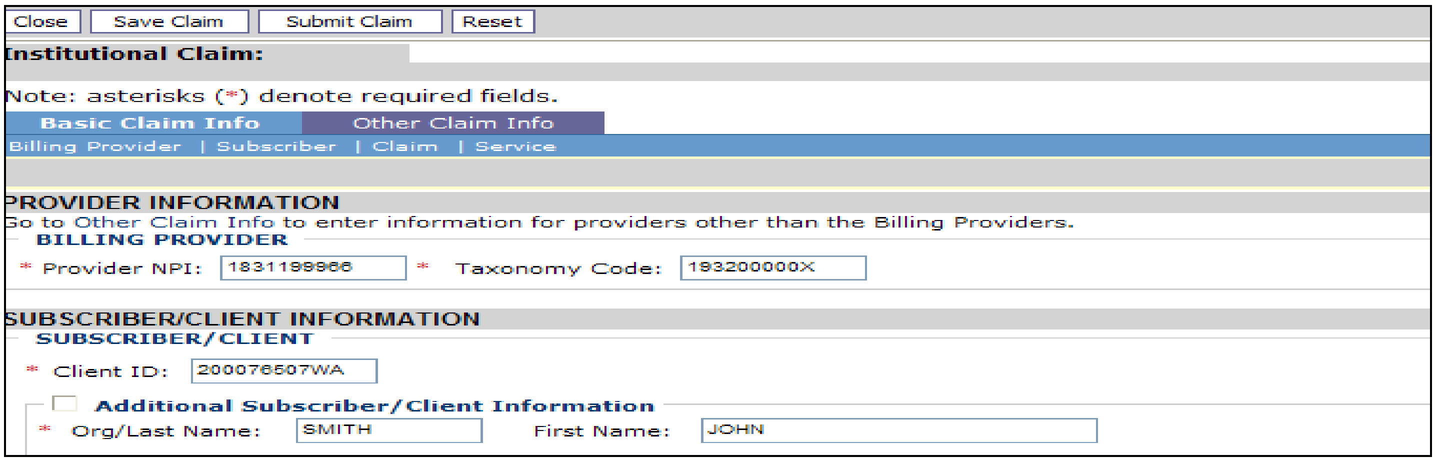




Template Name	Type	Last Updated By	Last Updated
John Smith	Institutional	GaryM	10/2/2010
Jane Doe	Institutional	GaryM	10/2/2010
Uncle Sam	Institutional	GaryM	10/2/2010
Susan Madigan	Institutional	GaryM	10/2/2010
Lisa Fax	Institutional	GaryM	10/2/2010
Roberta Thomas	Institutional	GaryM	10/2/2010
Mickey Dee	Institutional	GaryM	10/2/2010

Submitting a Template Claim

- Click on the Template name
- The DDE screen is loaded with the template



- Enter or update the data for claim submission then submit the claim.
- Batches of Template Claims can be created
- See the Batch Template E-learning module at http://hrsa.dshs.wa.gov/provider/webinar.shtml.

Washington State Health Care Authority

HIPAA Transactions

HIPAA Transactions

- Who can conduct Batch submissions?
  - ✓ Anyone can as long as you or your clearinghouse have gone through testing to confirm your software is HIPAA compliant.
  - ✓ Link to HIPAA batch testing site: http://www.hca.wa.gov/medicaid/hipaa/pages/index.aspx

HIPAA Transactions

- What kinds of transactions are available?
  - ✓ All the available HIPAA transactions and their descriptions can be found at this site: http://www.hca.wa.gov/medicaid/hipaa/pages/index.aspx

HIPAA Transactions

- Where do I get information:
  - ✓ http://www.hca.wa.gov/medicaid/hipaa/pages/index.aspx
- Contact information:
  - ✓ hipaa-help@hca.wa.gov

Reading the Remittance Advice (RA)

Reading the Remittance Advice (RA)

➢ How do I retrieve the PDF file for the RA?

- Log into ProviderOne with a **Claims/Payment Status Checker, Claims Submitter, or Super User** profile.

Payments
View Payment
View Capitation Payment

- At the Portal click on the hyperlink **View Payment.**

- The system should open your list of RAs.

RA/ETRR Number	Check Number	Check/ETRR Date	RA Date	Claim Count	Charges	Payment Amount	Adjusted Amount	Download
2444447	000777	02/23/2012	02/24/2012	1428	$513,899.73	$62,865.54	$408,607.26	
2443392	000778	02/16/2012	02/17/2012	1538	$484,679.55	$63,959.26	$375,030.04	
2229984	004772	02/09/2012	02/10/2012	1384	$488,482.16	$80,452.68	$408,029.48	

- Click on the **RA number** in the first column to open the whole RA.

Reading the Remittance Advice (RA)

➢ The Summary Page of the RA shows:

- Billed and paid amount for Paid claims
- Billed amount of denied claims
- Total amount of adjusted claims
- Provider adjustment activity

Prepared Date: 05/30/2014
RA Date: 05/30/2014

RA Number: 8765432
Warrant/EFT # 852741! Warrant/EFT Date: 05/29/2014

Warrant/EFT Amount: $9325.93 Payment Method: EFT

Page 2

Claims Summary

Billing Provider	Category	Total Billed Amount	Total Allowed Amount	Total TPL Amount	Total Sales Tax	Total Client Resp Amount	Total Paid
1122334455	Paid	$28930.00	$16114.57	$0.00	$0.00	$0.00	$9325.93
1122334455	Denied	$6525.50	$0.00	$0.00	$0.00	$0.00	$0.00
1122334455	Adjustments	-$2981.00	-$3371.87	$0.00	$0.00	$0.00	-$3266.00
1122334455	In Process	$5946.50	$0.00	$0.00	$0.00	$0.00	$0.00

Provider Adjustments

Billing Provider	FIN Invoice Number/ Parent TCN	Source	Adjustment Type	Previous Balance Amount	Adjustment Amount	Remaining Balance Amount
1122334455	214148190028/ 40140123456789 0000	System Initiated	NOC Invoice	$0.00	$0.00	$3266.00
1122334455	214148190028/ 40149870123456 0000	System Initiated	NOC Referred to CARS	$3266.00	$3266.00	$0.00

Total Adjustment Amount $3266.00

Reading the Remittance Advice (RA)

- Provider Adjustments:
  - These adjustment amounts can carry over on each week's RA until the amount is paid off or reduced by the amount paid out for claims adjudicated that week.
  - Claims that caused these carry over adjustment amounts can be on previous RAs.
  - A recent update to the RA format now populates the parent TCN under the FIN Invoice Number for reference.

Reading the Remittance Advice (RA)

- The RA is sorted into different Categories as follows (screen shown is sample of Denials:
  - Paid
  - Denied
  - In Process
  - Adjustments

RA Number: 8765432 Warrant/EFT #: 852741! Warrant/EFT Date: 06/05/2014 Prepared Date: 06/06/2014 RA Date: 06/06/2014

Category: Denied Billing Provider: 1122334455 Page 15

Client Name / Client ID / Med Record # / Patient Acct # / Original TCN/	TCN / Claim Type / RX Claim # / Inv # / Auth #	Line #	Rendering Provider / RX # / Auth office #	Service Date(s)	Svc Code or NDC / Mod / Rev & Class Code	Total Units or D/S	Billed Amount	Allowed Amount	Sales Tax	TPL Amount	Client Responsible Amount	Paid Amount	Remark Codes	Adjustment Reason Codes / NCPDP Rejection Codes
SMITH, JOHN D 147258369WA 100694KR 98164	201498798798798798 Dental Claim	1		05/07/2014- 05/07/2014	D0210	1.0000	$44.53	$0.00	$0.00	$0.00	$0.00	$0.00		119 = $44.53
		Document Total:		05/07/2014-05/07/2014		1.0000	$44.53	$0.00	$0.00	$0.00	$0.00	$0.00		
SMITH, JOHN D 147258369WA 100329KS 91353	201496385274196385 Dental Claim	1		05/09/2014- 05/09/2014	D5212	1.0000	$276.28	$0.00	$0.00	$0.00	$0.00	$0.00		15 = $276.28
		Document Total:		05/09/2014-05/09/2014		1.0000	$276.28	$0.00	$0.00	$0.00	$0.00	$0.00		15
SMITH, JOHN D 147258369WA 100672AT 100453	201445612378945612 Dental Claim	1		05/06/2014- 05/06/2014	D9230	1.0000	$20.00	$0.00	$0.00	$0.00	$0.00	$0.00		119 = $20.00
		Document Total:		05/06/2014-05/06/2014		1.0000	$20.00	$0.00	$0.00	$0.00	$0.00	$0.00		
				Category Total:		16.0000	$904.81	$0.00	$0.00	$0.00	$0.00	$0.00		

Washington State Health Care Authority

Reading the Remittance Advice (RA)

- **EOB Codes**
  - The Adjustment Reason Codes
  - The Remark Codes for denied claims & payment adjustments are located on the last page of the RA

Adjustment Reason Codes / NCPDP Rejection Codes

119 : Benefit maximum for this time period or occurrence has been reached.
15 : The authorization number is missing, invalid, or does not apply to the billed services or provider.
16 : Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
18 : Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)
35 : Lifetime benefit maximum has been reached.
96 : Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

Remark Codes

N20 : Service not payable with other service rendered on the same date.
N329 : Missing/incomplete/invalid patient birth date.
N37 : Missing/incomplete/invalid tooth number/letter.
N39 : Procedure code is not compatible with tooth number/letter.

- The complete list of Federal codes can be located on http://www.wpc-edi.com/reference/

Authorization

Authorization

1. Complete Authorization Form 13-835
2. Submit Authorization Request to the Agency with Required Back-up
3. Check the Status of a Request
4. Send in Additional Documentation if Requested by the Agency

Authorization

1. Example of a completed Authorization Form **13-835**:
   a) Fill (type) in all required fields as indicated on the directions page.
   b) Use the codes listed in the directions for the required fields.
   c) Add as much other detail as necessary that may help in approval.
   d) The data on this form is scanned directly into ProviderOne.
   e) Processing begins as soon as a correctly filled out form is received.

Step by step instructions:

[ProviderOne Billing and Resource Guide]

Washington State Health Care Authority

General Information for Authorization

Org	1. 501	Service Type	2. MISC
Client Information			
Name	3. JANE DOE	Client ID	4. 123456789WA
Living Arrangements	5.	Reference Auth #	6.
Provider Information			
Requesting NPI #	7. 1122334455	Requesting Fax #	8. 360-777-1111
Billing NPI #	9. 1122334455	Name	10. Dr. BAUM
Referring NPI #	11.	Referring Fax #	12.
Service Start Date:	13.		14.
Service Request Information			
Description of service being requested: 15. SURGICAL EXT #9		16.	17.
18. Serial/NEA or MEA #		19.	

20. Code Qualifier	21. National Code	22. Mod	23. # Units/Days Requested	24. $ Amount Requested	25. Part # (DME Only)	26. Tooth or Quad #
T	D7241		1			9

Medical Information			
Diagnosis Code	27.	Diagnosis name	28.
Place of Service Code	29.		
30. Comments: SURGICAL EXTRACTION TOOTH #9 - SEE X-RAY			

www.hca.wa.gov/medicaid/forms/Pages/Index.aspx

Please fax this form and any supporting documents to 1-866-668-1214.

Directions for Authorization form 13-835

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION
		ALL FIELDS MUST BE TYPED.
1	Org **(Required)**	Enter the Number that Matches the Program/Unit for the Request 501 – Dental 502 – Durable Medical Equipment (DME) 504 – Home Health 505 – Hospice 506 – Inpatient Hospital 508 – Medical 509 – Medical Nutrition 511 – Outpt Proc/Diag 513 – Physical Medicine & Rehabilitation (PM & R) 514 – Aging and Long-Term Support Administration (ALTSA) 518 – LTAC 519 – Respiratory 521 – Maternity Support/Infant Case Management 524 – Concurrent Care 525 – ABA Services 526 – Complex Rehabilitation Technology (CRT) 527 – Chemical-Using Pregnant (CUP) Women Program
2	Service Type **(Required)**	Enter the letter(s) in all CAPS that represent the service type you are requesting. If you selected "501 – **Dental**" for field #1, please select one of the following codes for this field: ASC for ASC CWN for Crowns DEN for Dentures DP for Denture/Partial EXT for Extractions EXTD for Extractions w/Dentures GA for General Anesthesia GAE for General Anesthesia w/ extractions IP for In-Patient ODC for Orthodontic OUTP for Out-Patient PSM for Perio-Scaling/Maintenance PTL for Partial RBS for Rebases RLNS for Relines TC for Transfer Case MISC for Miscellaneous
		If you selected "502 – **Durable Medical Equipment (DME)**" for field #1, please select one of the following codes for this field: AA for Ambulatory Aids BB for Bath Bench BEM for Bath Equipment (misc.) BGS for Bone Growth Stimulator BP for Breast Pump C for Commode CG for Compression Garments CSC for Commode/Shower Chair DTS for Diabetic Testing Supplies (See Pharmacy Billing Instructions for POS Billing) ERSO for ERSO-PA FSFS for Floor Sitter/Feeder Seat GL for Gloves HB for Hospital Beds HC for Hospital Cribs IS for Incontinent Supplies MWH for Manual Wheelchair - Home MWNF for Manual Wheelchair – NF MWR for Manual Wheelchair Repair OS for Orthopedic Shoes OTC for Orthotics OP for Ostomy Products ODME for Other DME OTRR for Other Repairs PL for Patient Lifts PWH for Power Wheelchair - Home PWNF for Power Wheelchair – NF PWR for Power Wheelchair Repair PRS for Prone Standers PROS for Prosthetics RE for Room Equipment SC for Shower Chairs SBS for Specialty "Beds/Surfaces SGD for Speech Generating Devices SF for Standing Frames STND for Standers TU for TENS Units US for Urinary Supplies WDCS for VAC/Wound - decubiti supplies MISC for Miscellaneous

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION
		ALL FIELDS MUST BE TYPED.
2	Service Type **(Required)** (Continued)	If you selected "504 – **Home Health**" for field #1, please select one of the following codes for this field: ERSO for ERSO-PA HH for Home Health MISC for Miscellaneous T for Therapies (PT / OT / ST)
		If you selected "505 – **Hospice**" for field #1, please select one of the following codes for this field: ERSO for ERSO-PA HSPC for Hospice MISC for Miscellaneous
		If you selected "506 – **Inpatient Hospital**" for field #1, please select one of the following codes for this field: BS for Bariatric Surgery ERSO for ERSO-PA OOS for Out of State O for Other PAS for PAS RM for Readmission S for Surgery TNP for Transplants VNSS for Vagus Nerve Stimulator MISC for Miscellaneous
		If you selected "508 – **Medical**" for field #1, please select one of the following codes for this field: BSS2 for Bariatric Surgery Stage 2 BTX for Botox CIERP for Cochlear Implant Exterior Replacement Parts CR for Cardiac Rehab ERSO for ERSO-PA HEA for Hearing Aids I for Infusion / Parental Therapy MC for Medications NP for Neuro-Psych OOS for Out of State PSY for Psychotherapy SYN for Synagis T for Therapies (PT/OT/ST) TX for Transportation V for Vision VST for Vest VT for Vision Therapy MISC for Miscellaneous
		If you selected "509 – **Medical Nutrition**" for field #1, please select one of the following codes for this field: EN for Enteral Nutrition MN for Medical Nutrition MISC for Miscellaneous
		If you selected "511 – **Output Proc/Diag**" for field #1, please select one of the following codes for this field: CCTA for Coronary CT Angiogram CI for Cochlear Implants ERSO for ERSO-PA GCK for Gamma/Cyber Knife GT for Genetic Testing HO for Hyperbaric Oxygen HY for Hysterectomy MRI for MRI OOS for Out of State OTRS for Other Surgery PSCN for PET Scan O for Other S for Surgery SCAN for Radiology MISC for Miscellaneous
		If you selected "513 – **Physical Medicine & Rehabilitation (PM & R)**" for field #1, please select one of the following codes for this field: ERSO for ERSO-PA PMR for PM and R MISC for Miscellaneous

Directions for Authorization form 13-835

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION
		ALL FIELDS MUST BE TYPED.
2	Service Type **(Required)** (Continued)	If you selected "514 – **Aging and Long-Term Support Administration (ALTSA)** for field #1, please select one of the following codes for this field: PDN for Private Duty Nursing MISC for Miscellaneous
		If you selected "518 – **LTAC**" for field #1, please select one of the following codes for this field: ERSO for ERSO-PA LTAC for LTAC O for Other
		If you selected "519 – **Respiratory**" for field #1, please select one of the following codes for this field: CPAP for CPAP/BiPAP ERSO for ERSO-PA NEB for Nebulizer OXM for Oximeter OXY for Oxygen SUP for Supplies VENT for Vent O for Other
		If you selected "521 – **Maternity Support/Infant Case Management (MSS)**" for field #1, please select one of the following codes for this field: ICM for Infant Case Management PO for Post Pregnancy Only PPP for Prenatal/Post Pregnancy O for Other
		If you selected "524 – **Concurrent Care**" (for children on Hospice) for field #1, please select one of the following codes for this field: CC for Concurrent Care Services
		Enter the letter(s) in all CAPS that represent the service type you are requesting. If you selected "525 – **ABA Services**" for field #1, please select one of the following codes for this field: IH for In Home/Community/Office DAYP for Day Program
		If you selected "526 – **Complex Rehabilitation Technology**" (CRT) for field #1, please select one of the following codes for this field: ERSO for ERSO-PA MWH for Manual Wheelchair - Home MWNF for Manual Wheelchair - NF MWR for Manual Wheelchair Repairs MWS for Manual Wheelchair Supplies PWH for Power Wheelchair - Home PWNF for Power Wheelchair – NF PWR for Power Wheelchair Repairs PWS for Power Wheelchair Supplies
		If you selected "527 – **Chemical-Using Pregnant (CUP) Women Program**" for field #1, please select one of the following codes for this field: DX for Detox DM for Detox/Medical Stabilization MS for Medical Stabilization

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION
		ALL FIELDS MUST BE TYPED.
3	Name: **(Required)**	Enter the last name, first name, and middle initial of the patient you are requesting authorization for.
4	Client ID: **(Required)**	Enter the client ID - 9 numbers followed by WA. For Prior Authorization (PA) requests when the client ID is unknown (e.g. client eligibility pending): ▪ You will need to contact HCA at 1-800-562-3022 and the appropriate extension of the Authorization Unit. ▪ A reference PA will be built with a placeholder client ID. ▪ If the PA is approved – once the client ID is known – you will need to contact HCA either by fax or phone with the Client ID. The PA will be updated and you will be able to bill the services approved.
5	Living Arrangements	Indicate where your patient resides such as, home, group home, assisted living, skilled nursing facility, etc.
6	Reference Auth #	If requesting a change or extension to an existing authorization, please indicate the number in this field.
7	Requesting NPI #: **(Required)**	The 10 digit number that has been assigned to the requesting provider by CMS.
8	Requesting Fax#	The fax number of the requesting provider.
9	Billing NPI #: **(Required)**	The 10 digit number that has been assigned to the billing provider by CMS.
10	Name	The name of the billing/servicing provider.
11	Referring NPI #	The 10 digit number that has been assigned to the referring provider by CMS.
12	Referring Fax #	The fax number of the referring provider.
13	Service Start Date	The date the service is planned to be started if known.
15	Description of service being requested: **(Required).**	A short description of the service you are requesting (examples, manual wheelchair, eyeglasses, hearing aid).
18	Serial/NEA or MEA#: Required for all DME repairs.	Enter the serial number of the equipment you are requesting repairs or modifications to or the NEA/MEA# to access the x-rays/pictures for this request.
20	Code Qualifier: **(Required).**	Enter the letter corresponding to the code from below: T - CDT Proc Code C - CPT Proc Code D - DRG P - HCPCS Proc Code I - ICD-9/10 Proc Code R - Rev Code N - NDC-National Drug Code S – ICD-9/10 Diagnosis Code
21	National Code: **(Required).**	Enter each service code of the item you are requesting authorization that correlates to the Code Qualifier entered.
22	Modifier	When appropriate enter a modifier.
23	# Units/Days Requested: **(Units or $ required).**	Enter the number of units or days being requested for items that have a set allowable. (Refer to the program specific Medicaid Provider Guide for the appropriate unit/day designation for the service code entered).
24	$ Amount Requested: **(Units or $ required).**	Enter the dollar amount being requested for those service codes that do not have a set allowable. (Refer to the program specific Medicaid Provider Guide and fee schedules for assistance) Must be entered in dollars & cents with a decimal (e.g. $400 should be entered as 400.00).
25	Part # (DME only): **(Required for all requested codes).**	Enter the manufacturer part # of the item requested.

Directions for Authorization form 13-835

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION	
		ALL FIELDS MUST BE TYPED.	
26	Tooth or Quad#: **(Required for dental requests).**	Enter the tooth or quad number as listed below: QUAD 00 – full mouth 01 – upper arch 02 – lower arch 10 – upper right quadrant 20 – upper left quadrant 30 – lower left quadrant 40 – lower right quadrant Tooth # 1-32, A-T, AS-TS, and 51-82	
27	Diagnosis Code	Enter appropriate diagnosis code for condition.	
28	Diagnosis name	Short description of the diagnosis.	
29	Place of Service	Enter the appropriate two digit place of service code.	
		Place of Service Code(s)	**Place of Service Name**
		1	Pharmacy
		3	School
		4	Homeless Shelter
		5	Indian Health Service Free-standing Facility
		6	Indian Health Service Provider-based Facility
		7	Tribal 638 Free-standing Facility
		8	Tribal 638 Provider-based Facility
		9	Prison-Correctional Facility
		11	Office
		12	Home
		13	Assisted Living Facility
		14	Group Home
		15	Mobile Unit
		16	Temporary Lodging
		17	Walk in Retail Health Clinic
		20	Urgent Care Facility
		21	Inpatient Hospital
		22	Outpatient Hospital
		23	Emergency Room – Hospital
		24	Ambulatory Surgical Center
		25	Birthing Center
		26	Military Treatment Facility
		31	Skilled Nursing Facility
		32	Nursing Facility
		33	Custodial Care Facility
		34	Hospice
		41	Ambulance - Land
		42	Ambulance – Air or Water
		49	Independent Clinic
		50	Federally Qualified Health Center
		51	Inpatient Psychiatric Facility

HCA 13-835 (5/15)

Instructions to fill out the General Information for Authorization form, HCA 13-835

FIELD	NAME	ACTION	
		ALL FIELDS MUST BE TYPED.	
29	Place of Service	52	Psychiatric Facility-Partial Hospitalization
		53	Community Mental Health Center
		55	Residential Substance Abuse Treatment Facility
		56	Psychiatric Residential Treatment Center
		57	Non-residential Substance Abuse Treatment Facility
		60	Mass Immunization Center
		61	Comprehensive Inpatient Rehabilitation Facility
		62	Comprehensive Outpatient Rehabilitation Facility
		65	End-Stage Renal Disease Treatment Facility
		71	Public Health Clinic
		72	Rural Health Clinic
		81	Independent Laboratory
		99	Other Place of Service
30	Comments	Enter any free form information you deem necessary.	

Washington State Health Care Authority

Authorizations

2. Submit Authorization Request to the Agency with Required Back-up
   a) By Fax
      - 1-866-668-1214
      - **Form 13-835 must be first**
   b) By Mail

      Authorization Services Office
      PO Box 45535
      Olympia, WA 98504-5535

- If mailing x-rays, photos, CDs, or other non-scannable items, do the following:
  - ✓ Place the items in a large envelope;
  - ✓ Attach the PA request form to the **outside** of the envelope;
  - ✓ Write on the outside of the envelope:
    - Client name
    - Client ProviderOne ID
    - Your NPI
    - Your name
    - Sections the request is for:
      - ❖ Dental or Orthodontic

Another option for submitting photos or x-rays:

Providers can submit dental photos or x-rays for Prior Authorization by using the FastLook and FastAttach services provided by National Electronic Attachment, Inc. (NEA). Providers may register with NEA by visiting **www.nea-fast.com** and entering "**FASTWDRZ1M**" in the promotion code box for a 0$ registration fee and 1 month of free service. Contact NEA at 800-782-5150 ext. 2 with any questions. When this option is chosen, fax requests to the Agency and indicate the NEA# in the NEA field on the PA Request Form. ***There is an associated cost, which will be explained by the NEA services.***

Check Status of an Authorization Request

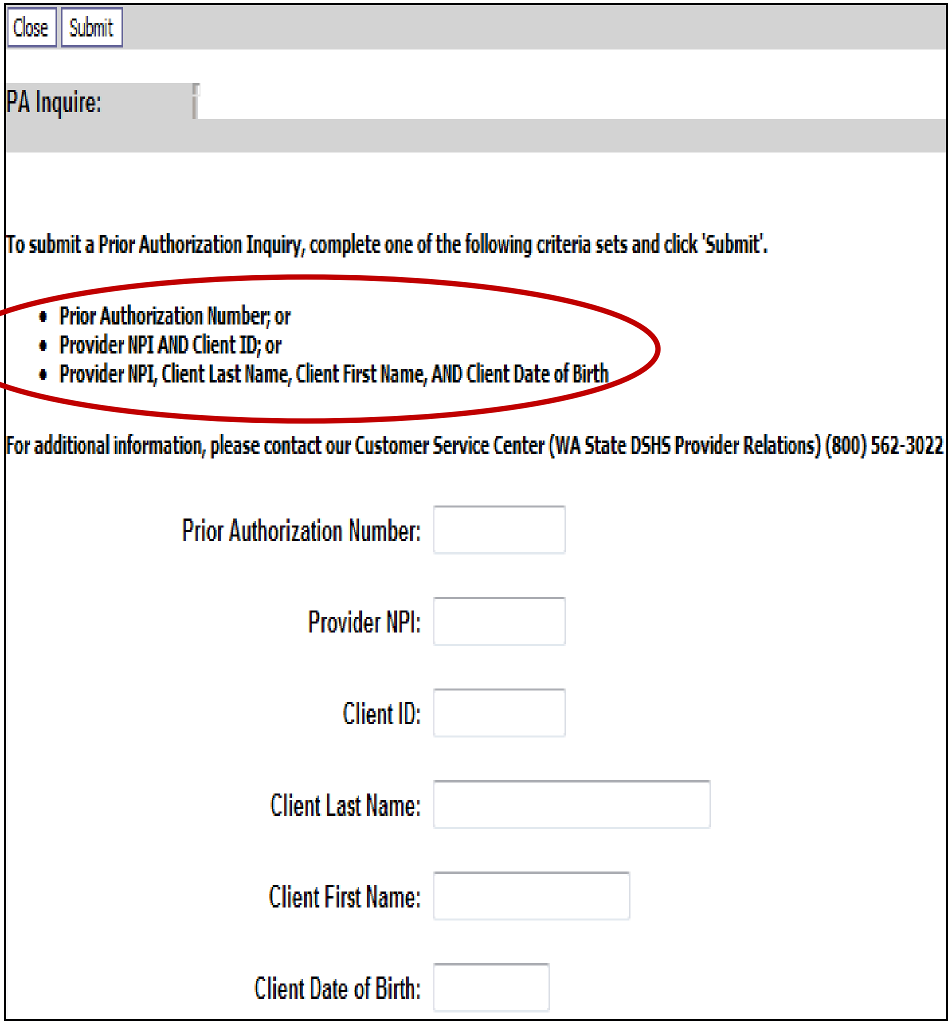
- Necessary Profiles for checking Authorization Status:
  - ✓ EXT Provider Claims Submitter
  - ✓ EXT Provider Eligibility Checker
  - ✓ EXT Provider Eligibility Checker-Claims Submitter
  - ✓ EXT Provider Super User

- Select the Provider Authorization Inquiry

Washington State Health Care Authority

Check Status of an Authorization Request

- Search using one of the following options:
  - ✓ Prior Authorization number; or
  - ✓ Provider NPI and Client ID; or
  - ✓ Provider NPI, Client Last & First Name, and the client birth date.


Close Submit

PA Inquire:

To submit a Prior Authorization Inquiry, complete one of the following criteria sets and click 'Submit'.

- Prior Authorization Number; or
- Provider NPI AND Client ID; or
- Provider NPI, Client Last Name, Client First Name, AND Client Date of Birth

For additional information, please contact our Customer Service Center (WA State DSHS Provider Relations) (800) 562-3022

Prior Authorization Number:

Provider NPI:

Client ID:

Client Last Name:

Client First Name:

Client Date of Birth:

Check Status of an Authorization Request

➢ This authorization list was returned using the NPI and the Client ID.

- ✓ Do not submit multiple requests for the same client/service;
- ✓ Check on-line after 48 hours to verify the authorization request was received before resubmitting;
- ✓ The status of these requests are explained in more detail on the following slides.

Close

Auth Search List:

	Auth #	Client ID	Status	Org	Requestor ID	Last Updated	Request Date	Service Type
	100467156		Rejected	PA - DENTAL		06/04/2015	05/29/2015	Dentures
	100469731		Rejected	PA - DENTAL		06/12/2015	06/05/2015	Dentures
	100472315		In Review	PA - DENTAL		06/30/2015	06/15/2015	Dentures

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Washington State Health Care Authority

Check Status of an Authorization Request

- The system may return the following status information:

This authorization example is in approved status.
Other possible statuses of authorization requests are listed on the slide below.

Close

PA Utilization:

Authorization #:
Client ID:
Service: Partial
Request Date: 2010-05-09
Service Start Date: 2010-06-14
Requestor ID:

Authorization Status: Approved
Client Name:
Organization: PA - DENTAL
Last Updated Date: 2010-06-14
Service End Date: 2011-06-14
Requestor Name:

Line #	Modified Date	Servicing Provider ID	Code	Claim Type	Modifier1	ToothNum	ToothSurf	Quad	From Date	To Date	Request Amount	Request Units	Auth Amount	Auth Units	Used Amount	Used Units	Status
1	06/14/2010		D5213	K-Dental Claim				01	06/14/2010	06/14/2010	0	1	0	1	0	0	Approved

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List of Statuses for Authorization Requests

Requested	This means the authorization has been requested and received.
In Review	This means your authorization is currently being reviewed.
Cancelled	This means the authorization request has been cancelled.
Pended	This means we have requested additional information in order to make a decision on the request.
Referred	This means the request has been forwarded to a second level reviewer.
Approved/Hold	This means the request has been approved, but additional information is necessary before the authorization will be released for billing.
Approved/Denied	This means the request has been partially approved and some services have been denied.
Rejected	This means the request was returned to you as incomplete.
Approved	This means the Department has approved your request.
Denied	This means the Department has denied your request.

The Agency receives up to 4,000 requests a month. Currently the turnaround time is approximately 30 to 35 days.

Submit Prior Authorization Request

ProviderOne

PA Pend Forms Submission Cover Sheet

Authorization Reference # 123456789

(Please enter 9 digit numeric value.)

Print Cover Sheet | Clear Fields

Instructions will not appear on the printed coversheet

INSTRUCTIONS:
Click ENTER on your keyboard after typing the number in above.

Please use the **Print Cover Sheet** Button Above to print ONLY.

Use Only ADOBE Reader to generate this coversheet. Other readers will not generate the barcode correctly.

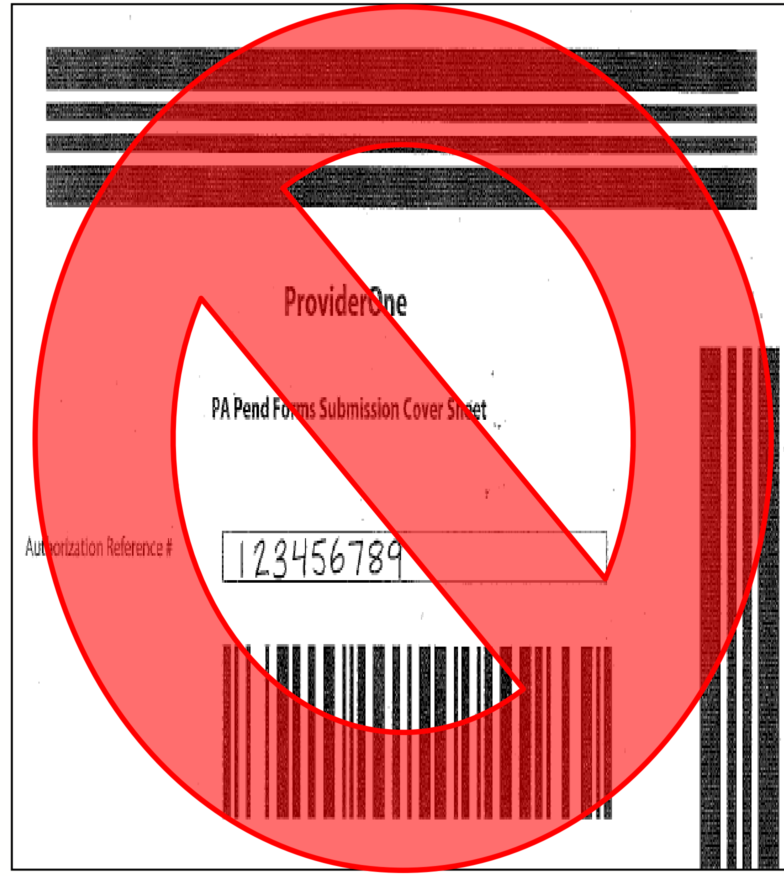
DO NOT USE FOR PHARMACY RELATED AUTHORIZATION REQUESTS!

Privacy Statement:
This material in this facsimile is intended only for the use of the individual who it is addressed and may contain information that is confidential, privileged and exempt from disclosure under applicable law.

HIPAA Compliance:
Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment to see insurance payment or to perform other specific health care operations.

FAX to : 1-866-668-1214.

THE BAR CODE COVER SHEET SHOULD BE THE FIRST PAGE OF YOUR FAX WITH ALL SUPPORTING DOCUMENTATION BEHIND THE BAR CODE SHEET.



Cover Sheets are located at :
http://www.hca.wa.gov/medicaid/billing/pages/document_submission_cover_sheets.aspx

Spenddown

What is a Spenddown?

- An expense or portion of an expense which has been determined by the Agency to be a client liability.
- Expenses which have been assigned to meet a client liability are not reimbursed by the Agency.
- Spenddown liability is deducted from any payment due the provider.
- Call the customer service call center at 1-800-394-4571.

Washington State Health Care Authority

How does a Provider know if a Client has a Spenddown Liability?

- The client benefit inquiry indicating "Pending Spenddown – No Medical" looks like this:

Client Eligibility Spans

Service Type Code	Insurance Type Code	Benefit Service Package	Eligibility Start Date	Eligibility End Date	ACES Coverage Group
30: Health Benefit Plan Coverage	MC: Medicaid	Pending Spenddown - No Medical	08/01/2011	12/31/2999	S99

Washington State Health Care Authority

What is the Spenddown amount?

- The same eligibility check indicates the spenddown amount:

Spenddown Information Base Period - Start: 08/01/2011 End: 01/31/2012

Total Spenddown	Spenddown Liability	Remaining Spenddown	EMER Liability	Remaining EMER	Spenddown Status	Update Date	Spenddown Start
2022.00	2022.00	2022.00	0.00	0.00	Pending	08/09/2011	08/01/2011

- The clients "award" letter indicates who the client pays.
- Call the spenddown call center at Call 1-800-394-4571.

How does a provider report the Spenddown amount on a claim?

- Dental paper claim enter the spenddown:
  - In field 35, comments
  - Enter **SCI=Y**
  - Then **enter the $$** amount
- 837D – HIPAA/EDI dental claim:
  - Enter amount in Loop 2300, data element AMT02
    - In AMT01 use the F5 qualifier

Billing a Client

Background

Effective for dates of service on and after January 1, 2011, Health Care Authority implemented revisions to Washington Administrative Code (WAC) 182-502-0160, Billing a Client, allowing providers, in limited circumstances, to bill fee-for-service or managed care clients for covered healthcare services, and allowing fee-for-service or managed care clients the option to self-pay for covered healthcare services.

The full text of WAC 182-502-0160 can be found at http://apps.leg.wa.gov/wac/default.aspx?cite=182-502

Billing a Client

Healthcare Service Categories
The groupings of healthcare services listed in the table in WAC 182-501-0060. Healthcare service categories are included or excluded depending on the client's **Benefit Service Package (BSP)**.

Excluded Services
A set of services that we do not include in the client's BSP. There is no Exception To Rule (ETR) process available for these services (e.g. Family Planning Only).

Covered service
A healthcare service contained within a "service category" that is included in a medical assistance BSP as described in WAC 182-501-0060.

Non-covered service
A specific healthcare service (e.g., crowns for 21 and older) contained within a service category that is included in a medical assistance BSP, for which the Agency does not pay without an approved exception to rule (ETR) (see WAC 182-501-0160). **A non-covered service is not an excluded service** (see WAC 182-501-0060). Non-covered services are identified in WAC 182-501-0070 and in specific health-care program rules.

Washington State Health Care Authority

Agreement to Pay for Healthcare Services

WAC 182-502-0160 ("Billing a Client")

Form 13-879

This is an agreement between a "client" and a "provider," as defined below. The client agrees to pay the provider for healthcare service(s) that the Health Care Authority (HCA) will not pay. Both parties must sign this Agreement. For the purposes of this Agreement, "services" include but are not limited to healthcare treatment, equipment, supplies, and medications.

Client - A recipient of Medicaid or other healthcare benefits through the HCA or a managed care organization (MCO) that contracts with the HCA.
Provider - An institution, agency, business, or person that provides healthcare services to HCA clients and has a signed agreement with the HCA or authorization from an MCO.

This Agreement and WAC 182-502-0160 apply to billing a client for covered and noncovered services as described in WAC 182-501-0050 through WAC 182-501-0070. Providers may not bill any HCA client (including those enrolled with an MCO that contracts with the HCA) for services which the HCA or an MCO that contracts with the HCA may have paid until the provider has completed all requirements for obtaining authorization.

CLIENT'S PRINTED NAME	CLIENT'S ID NUMBER
PROVIDER'S PRINTED NAME	PROVIDER NUMBER

Directions:

- Both the provider and the client must fully complete this form **before** an HCA client receives any service for which this Agreement is required.
- You must complete this form no more than 90 calendar days before the date of the service. If the service is not provided within 90 calendar days, the provider and client must complete and sign a new form.
- The provider and the client must complete this form only **after** they exhaust all applicable HCA or HCA-contracted MCO processes which are necessary to obtain authorization for the requested service(s). These may include the exception to rule (ETR) process for noncovered services as described in WAC 182-501-0160 or the administrative hearing process, if the client chooses to pursue these processes.
- Limited English proficient (LEP) clients must be able to understand this form in their primary language. This may include a translated form or interpretation of the form. If the form is interpreted for the client, the interpreter must also sign and date the form. Both the client and the provider must sign a translated form.

Fully complete the table on back of this form. If needed, attach another sheet for additional services. The client, provider, and interpreter (if applicable) must sign and date each additional page.

Important Note from HCA:

- This agreement is void and unenforceable if the provider fails to comply with the requirements of this form and WAC 182-502-0160 or does not satisfy HCA conditions of payment as described in applicable Washington Administrative Code (WAC) and Billing Instructions. The provider must reimburse the client for the full amount paid by the client.
- See WAC 182-502-0160(9) for a list of services that cannot be billed to a client, regardless of a written agreement.
- Keep the original agreement in the client's medical record for 6 years from the date this agreement is signed. Give a copy of this completed, signed agreement to the client.
- Providers are responsible for ensuring that translation or interpretation of this form and its content is provided to LEP clients. Translated forms are available at http://hrsa.dshs.wa.gov/mpforms.shtml.

SPECIFIC SERVICE(S) OR ITEM(S) TO BE PROVIDED AND ANTICIPATED DATE OF SERVICE	CPT/CDT/ HCPC CODE (BILLING CODE)	AMOUNT TO BE PAID BY CLIENT	REASON WHY THE CLIENT IS AGREEING TO BE BILLED (CHECK THE ONE THAT APPLIES FOR EACH SERVICE)	COVERED TREATMENT ALTERNATIVES OFFERED BUT NOT CHOSEN BY CLIENT	DATE(S) ETR/NFJ REQUESTED/DENIED OR WAIVED, OR PRIOR AUTHORIZATION (PA) REQUESTED/DENIED, IF APPLICABLE	
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Non-formulary drug, NFJ waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH HCA NOTICE) PA DENIAL (ATTACH HCA NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Non-formulary drug, NFJ waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH HCA NOTICE) PA DENIAL (ATTACH HCA NOTICE)
			☐ Noncovered service ☐ Noncovered service, ETR waived ☐ Non-formulary drug, NFJ waived ☐ Covered but denied as not medically necessary ☐ Covered, but specific type not paid for ☐ Order, prescribed, or referred by non-enrolled licensed health care professional		ETR REQUESTED OR WAIVED PA REQUEST	ETR DENIAL (ATTACH HCA NOTICE) PA DENIAL (ATTACH HCA NOTICE)

- I understand that HCA or an MCO that contracts with HCA will not pay for the specific service(s) being requested for one of the following reasons, as indicated in the above table: 1) HCA does not cover the service(s); 2) the service(s) was denied as not medically necessary for me, or 3) the service(s) is covered but the type I requested is not.
- I understand that I can, but may choose not to: 1) ask for an Exception to Rule (ETR) after an HCA or HCA-contracted MCO denial of a request for a noncovered service; 2) submit a Non-Formulary Justification (NFJ) with the help of my prescriber fro a non-formulary medication; or 3) ask for a hearing to appeal an HCA or HCA-contracted MCO denial of a requested service.
- I have been fully informed by this provider of all available medically appropriate treatment, including services that may be paid for by the HCA or an HCA-contracted MCO, and I still choose to get the specified service(s) above.
- I understand that HCA does not cover services ordered by, prescribed by, or are a result of a referral from a healthcare provider who is not contracted with HCA as described in Chapter 182-502 WAC.
- *I agree to pay the provider directly for the specific service(s) listed above.*
- I understand the purpose of this form is to allow me to pay for and receive service(s) for which HCA or an HCA-contracted MCO will not pay. This provider answered all my questions to my satisfaction and has given me a completed copy of this form.
- I understand that I can call HCA at 1-800-562-3022 to receive additional information about my rights or services covered by HCA under fee-for-service or managed care.

I AFFIRM: I understand and agree with this form's content, including the bullet points above.	CLIENT'S OR CLIENT'S LEGAL REPRESENTATIVE'S SIGNATURE	DATE
I AFFIRM: I have complied with all responsibilities and requirements as specified in WAC 182-502-0160.	PROVIDER OF SERVICE(S) SIGNATURE	DATE
I AFFIRM: I have accurately interpreted this form to the best of my ability for the client signing above.	INTERPRETER'S PRINTED NAME AND SIGNATURE	DATE

WHEN CAN A PROVIDER BILL A CLIENT WITHOUT FORM 13-879

The bill counts toward the financial obligation of the client or applicant (such as spenddown liability, client participation as described in WAC 388-513-1380, emergency medical expense requirement, deductible, or copayment required by the Agency.)

Printed or copied records requested by the client. Department of Health has established a policy noted at WAC 246-08-400.

The client represented himself/herself as a private pay client and not receiving medical assistance when the client was already eligible for and receiving benefits under a Washington Apple Health.

The client refused to complete and sign insurance forms, billing documents, or other forms necessary for the provider to bill a third party insurance carrier for a service.

The client chose to receive services from a provider who is not contracted with Washington Apple Health.

WHEN CAN A PROVIDER BILL A CLIENT WITH FORM 13-879?

The service is covered by the Agency with prior authorization, all the requirements for obtaining authorization are completed and was denied, the client completes the administrative hearings process or chooses to forego it or any part of it, and the service remains denied by the Agency as not medically necessary.

The service is covered by the Agency and does not require authorization, but the service is a specific type of treatment, supply, or equipment based on the client's personal preference that the Agency does not pay for. The client completes the administrative hearings process or chooses to forego it or any part of it.

If the service is not covered, the provider must inform the client of his or her right to have the provider request an ETR, and the client chooses not to have the provider request an ETR .

The service is not covered by the Agency, the provider requests an ETR and the ETR process is exhausted, and the service is denied.

WHEN CAN A PROVIDER NOT BILL A CLIENT?

Services for which the provider did not correctly bill the Agency.

If the Agency returns or denies a claim for correction and resubmission, the client cannot be billed.

Services for which the Agency denied the authorization because the process was placed on hold pending receipt of requested information but the requested information was not received by the Agency. (WAC 182-501-0165(7)(c)(i)). This includes rejected authorizations, when the authorization request is returned due to missing required information.

The cost difference between an authorized service or item and an "upgraded" service or item preferred by the client (e.g., precious metal crown vs. stainless steel).

WHEN CAN A PROVIDER NOT BILL A CLIENT?

Providers are not allowed to:

- "Balance bill" a client
- Bill a client for missed, cancelled, or late appointments
- Bill a client for a "rescheduling fee"

"Boutique," "concierge," or enhanced service packages (e.g., newsletters, 24/7 access to provider, health seminars) as a condition for access to care.

Services for which the provider has not received payment from the Agency or the client's MCO because the provider did not complete all requirements necessary to obtain payment; (example: billing using a diagnosis code which is not a primary diagnosis code per ICD-9).

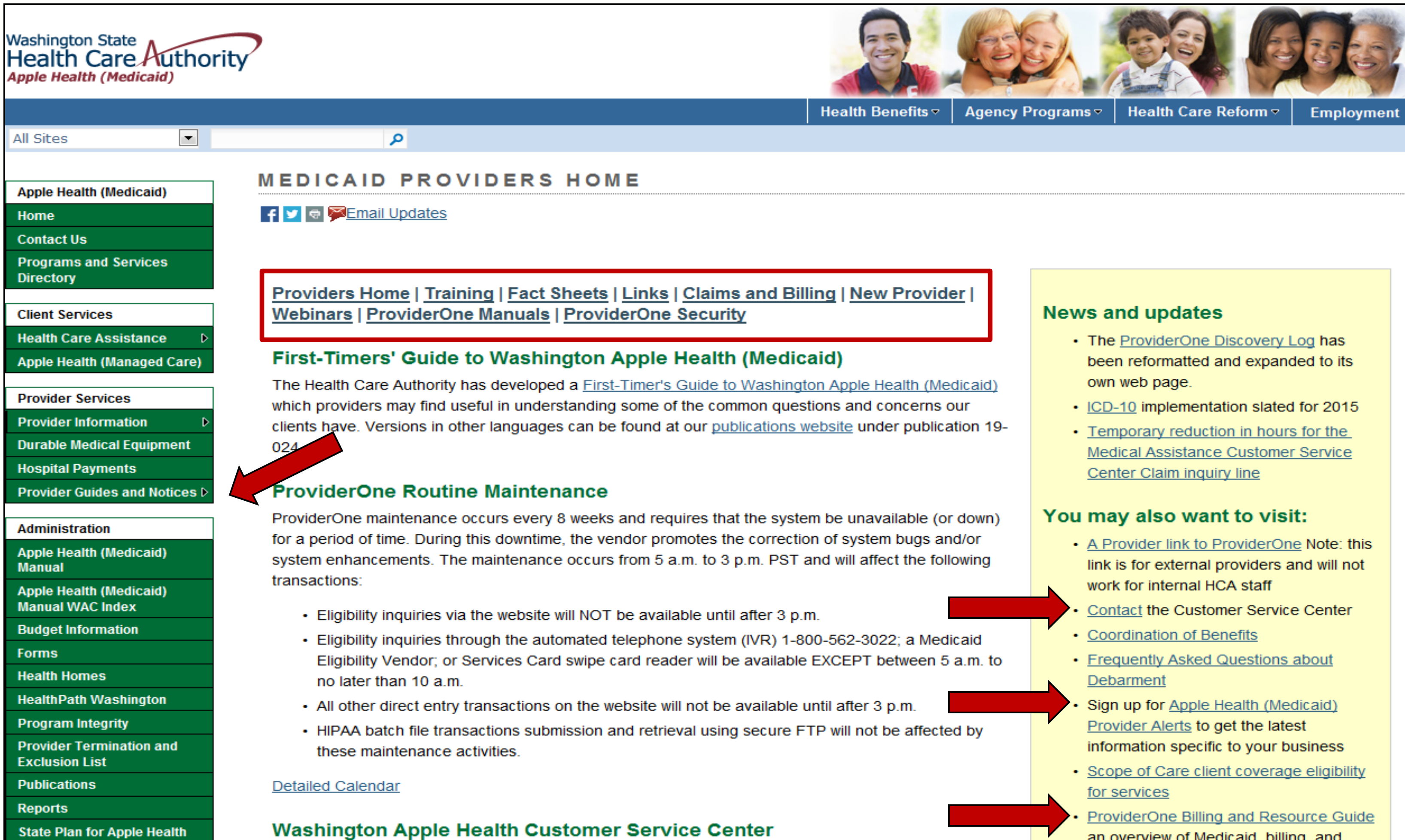
Copying, printing, or otherwise transferring healthcare information, as the term healthcare information is defined in chapter 70.02 RCW, to another healthcare provider, which includes, but is not limited to:

- Medical/dental charts,
- Radiological or imaging films
- Laboratory or other diagnostic test results
- Postage or shipping charges related to the transfer

Online Resources

Online Resources

- Medicaid Providers' Home
  - http://www.hca.wa.gov/medicaid/Provider/Pages/index.aspx



Washington State Health Care Authority

Online Resources

- Medicaid Providers' Home (cont'd)
  - Training Tab

Apple Health (Medicaid)
- Home
- Contact Us
- Programs and Services Directory

Client Services
- Health Care Assistance
- Apple Health (Managed Care)

Provider Services
- Provider Information
- Durable Medical Equipment
- Hospital Payments
- Provider Guides and Notices

Administration
- Apple Health (Medicaid) Manual
- Apple Health (Medicaid) Manual WAC Index
- Budget Information
- Forms
- Health Homes
- HealthPath Washington
- Program Integrity
- Provider Termination and Exclusion List
- Publications
- Reports
- State Plan for Apple Health (Medicaid)

TRAINING

Email Updates

Providers Home | Training | Fact Sheets | Links | Claims and Billing | New Provider | Webinars | ProviderOne Manuals | ProviderOne Security

The Washington Health Care Authority (HCA) offers a variety of learning opportunities for providers. These include live and recorded Webinars, E-Learning modules, Fact Sheets, and System User Manuals.

Webinars

There are two primary webinars used for training ProviderOne useage, medical and dental:

- Medicaid 101 Workshop - Presentation slide show
- Dental Medicaid 101 Workshop - Presentation slide show

Additionally, recordings of live webinars have been made available via our Webinars page.

E-Learning Modules

E-Learning lessons are usually recorded Webinars that can be broken down into task sessions. E-Learning is ideal for users new to ProviderOne, and can be viewed according to job duty. Visit our E-Learning Home Page for details.

Fact Sheets

Fact sheets can be considered a condensed tip sheet about how to address a specific billing process or provide information about a topic. They may be used as a printed quick reference guide for a desktop manual. No information in the fact sheet overrides or replaces information published in a program specific billing instruction nor content of a Washington Administrative Code (WAC). Visit our Fact Sheets page for details.

ProviderOne System User Manuals

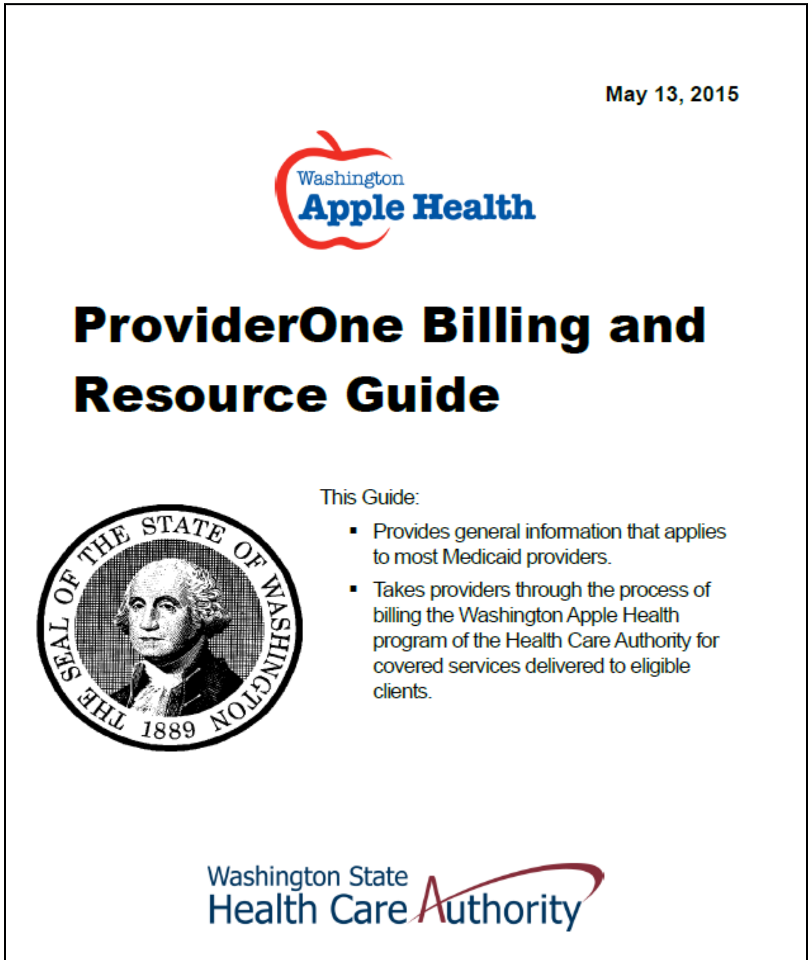
The ProviderOne System User Manuals can be used as a reference by users who have already viewed the E-Learning modules and are somewhat familiar with ProviderOne already. Because they are not in video format, they are useful when searching for specific keywords or other detailed information. See our ProviderOne Manuals page for details.

You may also want to visit:

- A Provider link to ProviderOne Note: this link is for external providers and will not work for internal HCA staff
- Contact the Customer Service Center
- Coordination of Benefits
- Frequently Asked Questions about Debarment
- Sign up for Apple Health (Medicaid) Provider Alerts to get the latest information specific to your business
- Scope of Care client coverage eligibility for services
- ProviderOne Billing and Resource Guide an overview of Medicaid, billing, and system usage

Online Resources

- ProviderOne Billing and Resource Guide
  - http://www.hca.wa.gov/medicaid/provider/Pages/providerone_billing_and_resource_guide.aspx



May 13, 2015

Washington Apple Health

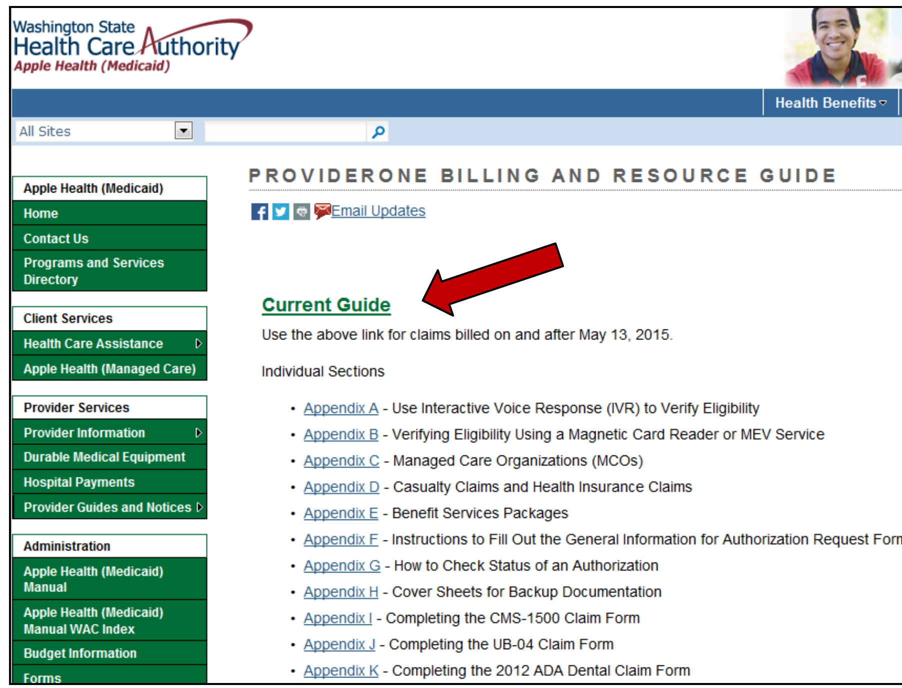
ProviderOne Billing and Resource Guide

THE SEAL OF THE STATE OF WASHINGTON 1889

This Guide:

- Provides general information that applies to most Medicaid providers.
- Takes providers through the process of billing the Washington Apple Health program of the Health Care Authority for covered services delivered to eligible clients.

Washington State Health Care Authority



Washington State Health Care Authority
Apple Health (Medicaid)

Health Benefits

All Sites

Apple Health (Medicaid)
Home
Contact Us
Programs and Services Directory
Client Services
Health Care Assistance
Apple Health (Managed Care)
Provider Services
Provider Information
Durable Medical Equipment
Hospital Payments
Provider Guides and Notices
Administration
Apple Health (Medicaid) Manual
Apple Health (Medicaid) Manual WAC Index
Budget Information
Forms

PROVIDERONE BILLING AND RESOURCE GUIDE

Email Updates

Current Guide

Use the above link for claims billed on and after May 13, 2015.

Individual Sections

- Appendix A - Use Interactive Voice Response (IVR) to Verify Eligibility
- Appendix B - Verifying Eligibility Using a Magnetic Card Reader or MEV Service
- Appendix C - Managed Care Organizations (MCOs)
- Appendix D - Casualty Claims and Health Insurance Claims
- Appendix E - Benefit Services Packages
- Appendix F - Instructions to Fill Out the General Information for Authorization Request Form
- Appendix G - How to Check Status of an Authorization
- Appendix H - Cover Sheets for Backup Documentation
- Appendix I - Completing the CMS-1500 Claim Form
- Appendix J - Completing the UB-04 Claim Form
- Appendix K - Completing the 2012 ADA Dental Claim Form

Contact Us

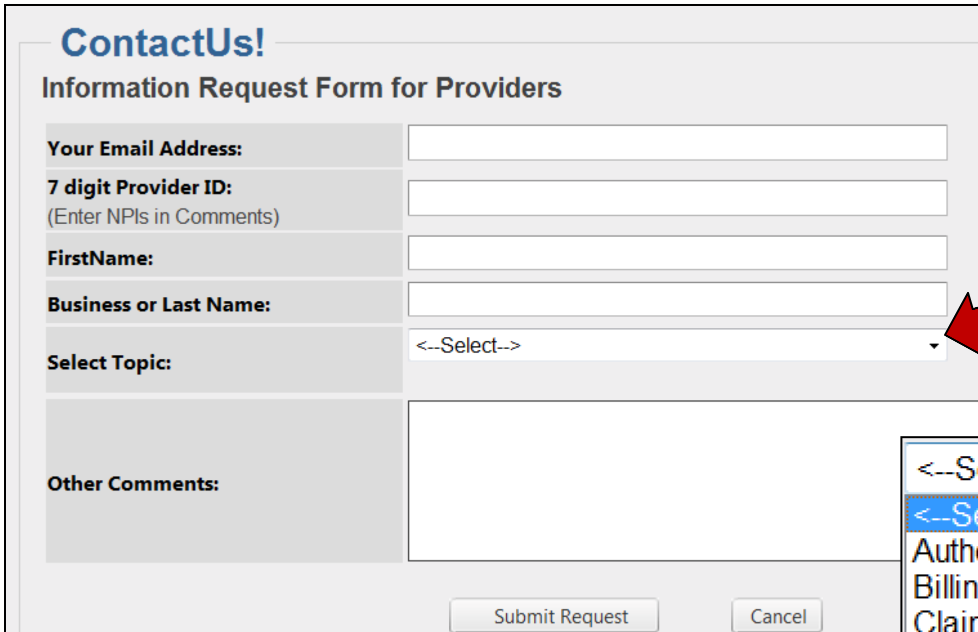
ContactUs!

Select one to request more information about Washington Apple Health (Medicaid):

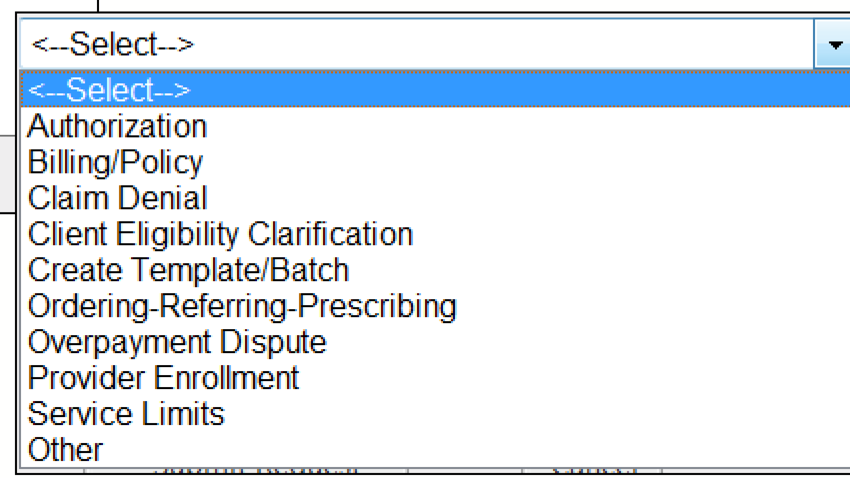
If you are looking for more information about eligibility, health plans, services cards or finding a provider click here:	Client
If you are a provider with questions about enrollment, billing policy, a claim denial or service limitations click here:	Provider

https://fortress.wa.gov/dshs/p1contactus/

Contact Us



- ➢ Using the drop down Select Topic, gives the following topics to choose from:



- ➢ 48 hour turnaround for **Service Limit** checks:
  - Be sure to include the Date of Service (DOS)
  - Procedure Code and the date range for search
  - ProviderOne Domain number

Contact Us

ContactUs!

Information Request Form for Providers

Your Email Address:	providerrelations@hca.wa.gov
7 digit Provider ID: (Enter NPIs in Comments)	1223333
FirstName:	Marci
Business or Last Name:	PRU Dental
Select Topic:	Service Limits
Client ID	002451234WA
AND: Date of Service (mm/dd/yyyy)	6/5/2014
Procedure Code:	D1110
Type of service:	Prophy
Other Comments:	NPI 1234567890 - Please check D1110 for last 6 months. Thank you!

Submit Request   Cancel

**All responses to this box will be via email*

Online Resources

Dental Provider Web Page and Email

- http://www.hca.wa.gov/medicaid/dentalproviders/Pages/dental.aspx
- dentalprovhelp@hca.wa.gov

Provider Enrollment Website and Email

- http://www.hca.wa.gov/medicaid/providerenroll/pages/enroll.aspx#provider
- ProviderEnrollment@hca.wa.gov

Provider Relations Website and Email

- http://www.hca.wa.gov/medicaid/Provider/Pages/index.aspx
- ProviderRelations@hca.wa.gov

HCA Forms Web Page

- http://www.hca.wa.gov/medicaid/forms/Pages/index.aspx

Washington Administrative Code – Administration of Medical Programs

- http://app.leg.wa.gov/WAC/default.aspx?cite=182-502

Washington State Health Care Authority